

M.D.

MIGRATORY STATES IN CHILDHOOD

For I will walk this wandering pilgrimage
Throughout the world from one to other end
And in affliction waste my better age;
My bread shall be the anguish of my mind
My drink the tears which from mine eyes do raine,
My bed the ground that hardest I find;
So will I wilfully increase my pain.

..... pitie me that living thus do die

So when I have with sorrow satisfide
Th' importune fates, which vengeance on me seeke
And the heavens with long languors pacifide,
She for pure pitie of my suffrance meeke,
Will send for me for which I daylie long.

Edmund Spencer.

A Migratory State in Childhood is a condition in which the child wanders beyond the bounds of his normal habitat as the result of an impulsion occurring in depression. It is motivated by the primary instincts of life (or rebirth) and death and is intimately concerned with the love factor. It tends to occur either cyclically in spring and autumn or as a sudden solitary phenomenon. It is akin to the migrations in animals and is governed by the same principles. The child may be reduced to an animal level in behaviour. It is a serious condition often with grave consequences to the child and seemingly of bad prognostic omen for the family in which it occurs. It tends to run its course despite treatment and where there is not a spontaneous recovery only drastic remedies are of any avail.

Hitherto the Migratory State has been called Wandering or Vagrancy which suggests not only wandering from home of migratory or nomadic (i.e. within the bounds of the normal habitat) nature but also truancy from school. The latter differs from the migratory state in several respects; it is not connected with any fundamental urge although it may have a faint drive towards the mother. It is not however dependent upon the love factor but upon the difficulty in that particular part of the environment, the working side of life. It tends to be nomadic in type, a daily wandering within the normal habitat and it occurs at any time of the year with no seasonal distribution. It yields to treatment by modification of the work environment or of the specific intellectual or emotional difficulties related to this environment. Where however the truancy is really the precursor of a migratory/



migratory state the condition will be resistive to treatment.

The term migratory has a collective suggestion but apart from this it is more appropriate and differential than the term Wandering. Moreover intimate studies of certain animals and birds remarked by Duncan show that although many animals are migrating together, each is seeking its own path and there is no social connection between individuals. The animal flood is a collection of solitary migrants.

During 4 years I collected cases of wandering children referred to Jordanburn Nerve Hospital. From these I have discarded all the cases of truancy except those which I have retained for illustrative purposes. (Cases 1 & 2). The A..... family were never patients but were observed by me privately and gave me additional data of the first recorded generation with permission to include these facts in this work.

Case 1. Robert C..... age 13 years and 10 months.
Complaints: Truancy from school for five years and stealing episodes.

Father who was six years older than mother committed suicide ten years ago. He was a compositor's reader, careful and conscientious but weak physically and emotionally. His parents died before they were 50.

Mother, aged 37, dresses beyond her means and station and is excessive with make-up. She works as a clerkess but is suspected of some degree of immoral earning. She lies.

Patient is the youngest of three one of whom lives with and works for the grandmother.

Home is badly broken, the patient being left to fend for himself and feed himself at the British Restaurant whereas the girls are fed at the grandmother's house. At night mother goes out with men.

The History: Instrumental delivery of the child was followed by breast feeding but the child otherwise received very cursory treatment being left outside all day in all weathers. Mother devoted herself to her weak husband and can recall nothing about the child until he was 5 years old.

He liked school at first but fell behind in lessons and developed a dislike which led to truancy. The headmaster advised a special school but succumbed to the priggish mother's bullying and sent him to the secondary school where his truancy and general performance are much worse. His Intelligence Quotient is 89 and he is a quiet shy child. He says that he does not like school, feels lonely at dinner time and wanders the streets instead of returning to school. He cannot give a full account of his actions but apparently he has become mixed up with a gang of boys and steals to please them./

them. If he is on his own he goes to the pictures which he stays to see twice round. Rarely he thinks that he sees his mother in the streets although he knows that she is at work.

Note. Depressive and psychopathic inheritance.
Completely shattered home.
Severe mother deprivation due to inadequacy and selfishness.
Drifting nature of wandering as compared with compulsive character in migratory states.
Pleasure seeking motive as contrasted with death seeking motive of migratory state.

There is a depressive colouring here and a tendency to be mindful of mother. It is possible that this would pass into a migratory state. No co-operation or follow-up was possible here.

Case 2. Robert C..... aged 7 years and 3 months.
Complaints: fighting, lying, backwardness, wandering.
Father: 34 years, Labourer, quiet and a physical weakling.
Becomes even more quiet when he drinks to excess.
Mother: 35 years, is of low intelligence and is so incapable of managing that sometimes she does not provide food.
The patient was born after the deaths of two previous infants.
His younger sister had an eye removed for a growth and the younger brother looks weak physically.

This was a forced marriage of mixed religions. The father, out all day, has little to do with his wife in the evening. The home is sluttish and within easy access of a busy dirty street.

The small baby after a non traumatic birth was breast fed. He was late in developing, was sent to school early and disliked it. He either refused to go or played truant. He is backward in lessons and whistles or plays in class.

He has no friends and is restless and wild preferring to be outside. He lies frequently, interrupts his mother's statements and either echoes or speaks with her. He wanders from school or home to the market where he steals and eats, to the station to watch the trains, to the gardens to watch the dancing. He is away from home for long periods in the day but returns home to sleep. He jumps on running trams and rides on the step. His wanderings are all within the bounds of his natural habitat and are nomadic in nature. He was quite happy on his expeditions.

Physically he showed signs of neglect. He was full of fears and had horrifying hypnagogic hallucinations. His mind was preoccupied with death and disaster when indoors but he seemed happy outside. His Intelligence Quotient was 80.

Note. Defective inheritance, poor survival rate of family and defects.
Home passively broken by lack of intercourse between parents.
Mother deprivation due to mental defect.
School/

School, the main difficulty.

Nomadic type of wandering.

General animal state of the whole family so that he felt unhappy when shut up but happy when roaming wild.

No evidence of love factor.

Case 3. Fred C.....

Complaints: Stealing from mother and her mother and wandering.

Father: aged 37 years is a blacksmith's hammerman who had an Italian father and a mother dying in childbirth. The former disappeared leaving him to an Aunt's care. He acts mother sometimes sometimes.

Mother: aged 36, looks much older than her years and has less than average intelligence. She is harassed by the family. A third of her siblings are dead and one has a rheumatic heart.

The patient is third in a family of six. The fourth child has psychopathic tendencies, the fifth died of meningitis and the sixth has been so ill in the first year of his life that mother has had to visit the hospital frequently.

The Home is overcrowded and means are straightened. The mother is fond but inadequate and father has to be mother sometimes. The mother showed signs of strain during pregnancy and was nervous. He was the only child she did not feed on the breast. With frequent colds he cut his teeth early and he developed generally early. He had vaccinia after vaccination and was so bad that he may have had an encephalitic involvement. He had periods of acidosis as a baby. At one year his brother who is taken to be his twin, was born and while Fred was still a toddler he would wander away from home taking his brother with him. Mother and children evacuated when Fred was $2\frac{1}{2}$ years and his sister died when he was 3 years old. Prior to going to school he had a severe bout of diphtheria with a paralysis lasting 4 months. He likes school but has periods in which he is fed up and mischievous, careless and inattentive. He has truanted.

He has difficulty in making social contacts except by bribery with money or goods. He plays at a superficial level, tires quickly and reacts aggressively. He breaks his mother's possessions and tears his clothes if he does not get his own way. Yet he remains a favourite with adults in spite of his disregard for their punishments. He is restless by day and by night.

He has periods in which he feels that he cannot go or return to school. He makes his way to the park where he sometimes finds his brother or another psychopathic boy with whom he plays. He wanders from them and can give almost no further account of himself. He has seen his mother's sister but has hidden from her. He is brought back by the Police covered in filth or tar and has apparently paid no attention to his bodily desires. He goes away again next morning and if brought back in the day he will break out again.

His/

His mood varies from a dispirited whispering docility to a restless, excitable, infectiously friendly state. In both states he lacks application and wanders but these states occur more in the depressed phases when he gets as he put it "fed up and goes to the bad."

He becomes dazed with excitement and has to be shaken. He has been observed medically in a bewildered, excitable state in which he played death episodes and masturbatory episodes. Since the baby has been so ill in hospital that the mother has had to visit several times daily this child has been worse. His Intelligence Quotient is 82.

He was removed to an approved school where he settled and where he is still.

Note: Family inheritance of wandering and early death.
Father's own family was broken.
General poor make of the children after and including Fred.
Mother deprivation due to her inadequacy and her absence from home at the hospital.
Cyclothymic tendencies from infancy.
Tendency to states of altered consciousness.
Possibility of post vaccinal encephalitis.
Overcrowding.
Pre-occupation with death.
Compulsive nature of migrations which are continued in spite of interruption.

There was never any definite evidence of wandering to a loved object.

Case 4. Nina B..... aged $11\frac{1}{2}$ years.

Complaints: Stealing, lying, wandering from home for the past two years.

Father: Aged 36. Was a power lobe tuner who had never left home before the war when he was called up and sent abroad in 1940. Of his siblings one has tuberculosis and the others have stomach trouble.

Mother: Is two years older than father. An anxious woman subject to bouts of mild depression. She has kidney trouble and her health has deteriorated since marriage. All her siblings frequent Doctors and her eldest sister, in her forties, has had cerebral circulatory disasters.

The patient was born after two stillbirths and a miscarriage and was followed by a brother who died of tuberculous meningitis. The two younger sisters are said to be healthy but this family is more dead than alive.

The home is concretely comfortable. The husband and wife are too dependent upon one another becoming anxious and ill when parted. Four years ago the family moved from village to town and three years ago the father went away from home. Whereas everyone went round with father previously now no one goes anywhere.

After/

After the preceding abnormalities Nina's normal pregnancy was remarkable. She was a small baby bottle-fed. She developed normally and was considered ideal until 3 years of age although she had broncho-pneumonia in the pregnancy of her brother who was born only to die soon afterwards when she was $1\frac{1}{2}$ years old. The mother had been anxious throughout this pregnancy.

She progressed favourably at the village school but has never adjusted to the town's large school which she hates and she is failing scholastically.

She is obstinate and solitary arousing passively the aggressive tendencies in other girls. Her mood varies from one of pleasant politeness to sullenness and refusal to answer. She is more attached to the father than to mother. She is of the pyknic habitus.

In 1939 when father was called up the mother became frantic and unable to do her work properly. Nina fretted and became melancholy. She went off food and sleep, became listless and later restless. She either failed to reply or told lies. After two days thus she took money and stamps from her mother's purse and disappeared before the family arose. The mother searched frantically but the girl had travelled by train to her grandmother's house in her original village some 50 miles away. She was happier and returned to her mother two days later.

The whole performance was repeated at the time of Dunkirk in which the father was involved. Thereafter the father remained in England whence news came regularly but in March, 1942 the girl had a depression in which she again migrated to the old nest. In Autumn father returned home on embarkation leave but the children were kept in ignorance of his impending departure. The mother lost appetite, sleep and interest at the thought of her husband's removal. Towards the end of his stay Nina also lost appetite, colour, interest and sleep and at the week-end she stole money and set off but was intercepted and brought to me. She was sullen, depressed, defiant and ashamed and she showed some psychomotor retardation.

She said that on setting out she feared her father's disapproval but as she journeyed she thought of going to her real home and of mother being there. To her, her real home meant her original home. She was pre-occupied with illness, drowning and death.

Her Intelligence Quotient was probably higher than 85.

She repeated the performance for the mother would not take advice about management.

Note: Defective inheritance in a family with poor reproductive power.

Family history of depression.

Home broken by father's departure which changed all activities.

Mother deprivation due to maternal inadequacy and ill health complicated by other siblings and father's departure.

Definite/

Definite bouts of depression culminating in migrations back to original home which was still a maternal connection.

Tendency for these migrations to occur in spring and autumn. Intemtion resulted in hostile attitude with thoughts of death and drowning.

Similarity between the states of mother and child.

Case 5. William and Dorothy C..... aged 15 years and 12 years.

Complaints: Wandering from home .

Father: An Englishman aged 44, has a slow but a very bad temper. He truanted from school, was a bandsman in the regular army, roamed the country later as a coach-painter and later settled in Edinburgh. He was recalled to colours at the beginning of the war but was not removed from the vicinity of home until 1941. He is a Catholic convert, one of six, two of whom died in infancy and all of whom have shown wandering tendencies, one brother being committed to a training home on this account. There is an epileptic history in the family.

Mother: A Scot aged 38, quick tempered, over anxious and demonstrative of her bad feelings. Roman Catholic.

The patient is one of five children of whom one is in the forces his sister Dorothy is a migrant and the younger brother is enuretic. The youngest two children came after a gap of nine years, the ~~boy~~ being now only $2\frac{1}{2}$ months old.

The home is severely over-crowded and is so well hemmed in by warehouses that strangers rarely find it. The mother is excessively dependent upon father and worries considerably in his absence. The father has lived away from home for four years and has been far removed for the last six months.

William suffered some birth trauma and required mild resuscitation. He was upset by breast feeding and very miserable but apart from this he developed normally until 11 years when he changed schools and reports began to be unfavourable. At the same time a younger brother had been born. William and Dorothy began to play truant and therefore were sent to separate schools but as truanting continued Dorothy was allowed to rejoin her brother only to be parted again when on the advice of the Doctor he went at 12 years old to stay with his psychopathic uncle in Cornwall as he had been physically depressed. In Cornwall he felt so miserable that his family agreed that he should go to his grandmother in London. Here he was outwardly stable but he seems to have had a homosexual relationship with a half-uncle, a youth of the grandmother's second marriage who did no work.

The sister joined him in the summer holidays after he left school and they ran wild over the heath but wrote reporting unhappiness to their mother until she let them return home in her last pregnancy. In a few months William had had five jobs from which he has been sacked for inadequacy/

inadequacy and he has stolen from his mother's purse to make up his wages. In intervals between jobs he helps his mother in the house.

After the birth of his next sister he had bronchopneumonia and nearly died. He was severely ill with diphtheria in the following year and was in hospital for 6 months.

By nature he is timid and easily cowed. He has a different mate each night but he prefers animals. He dislikes human affection. He is moody and vile tempered but he will attack possessions not people. Usually he is timid, obedient and excessively clean in his habits.

Wandering from home began in September and follows a similar pattern on each occasion. Both brother and sister become irritable and quarrelsome so that they have to be admonished by mother. During the night they seem to establish an intimate bond and are inaccessible to others in the morning. For a day or two they play truant, returning home to eat and sleep. The girl will then steal food and together they disappear for two or three days. They can give but an incomplete account of these days but it seems that they wander miserably saying little to each other but understanding by intuition. They wander to railways and rubbish dumps far outside their normal habitat where they steal wood and scrap metal which they sell and with the proceeds buy food. Each is miserable and claims that the other does not care. They see their mother in fantasy coming to meet them but they evade seekers in reality. They sleep in stairs and usually return to a stair near their own home eventually. They are cold and miserable and sleep little. They are glad to be found.

This group was so evasive that treatment and fuller investigation proved impossible. The children stabilised spontaneously breaking down again to migration level the following Autumn so that the boy had to be sent to a training home.

Note: Strong psychopathic history and history of wandering. Overcrowded and enclosed home. Truancy begins when another child is added and migration occurs when yet another child is included. Home broken by nationality and temperament and later by departure of father. Mother deprivation due to her inadequacy. Severe reaction of the boy to his sister's birth. Association of migration with depression and autumn. Wandering to cast-away things symbolising death and to mother.

Case 6. Douglas C..... 7 years.

Complaints: incontinence of urine for 2 years and of faeces for 5 months, filthy habits, uncontrollable behaviour, slowness of verbal response, lying, stealing and becoming the butt of others.

Father: 34 years, is a gunner in the army to which he was recalled after spending some time as a labourer.
An/

An excessively polite man. He uses antique phraseology. He is only C.3 physically. He is one of a large family three of whom required a care and protection order and one of whom is mentally defective used to migrate and has been in an approved school.

Mother aged 29 has a bad speech defect and is sensitive, shy, moody, suffering from depression at her period times.

Patient has one sister aged twenty months.

The home is overcrowded, filthy, chaotically untidy and very confined. They lived in England until their home was blitzed two years ago. Father and mother are friendly but the mother leans upon father and is lost without him.

The child's development was normal until he was 6 years old when his sister was born and his home was blitzed while he was out playing. He began to talk to himself, to wet the bed and to steal small sums from mother. The father was moved about this time to barracks in Edinburgh and the family followed to be with him. The child disliked the Scottish school and was afraid of the strap so that he was unable to adjust even to the baby class, scribbled on his books, talked to himself and made animal noises in class. He developed nightmares and somnambulism after his father was moved to England in November, 1942 but he improved when the father came on compassionate leave only to get worse when father returned in March, 1943. Now he smears excreta on the walls, is extremely destructive and pathologically hungry. He is described as being worse than when he was 2 years old.

He has always been more attached to his father. Even the mother regards her husband as her father. The child has made few contacts at his own age level and is the timid type preferring to be led.

He wanders away from home in any especially bad weather, will not trouble about eating and he drifts home late in the night filthy and foul smelling. If detained in the house he is unbearable. He can give only a partial and vague account of himself. He has visited a nearby open space, a distant park and an open space two miles from home and both outside his normal habitat. He may have gone further but these are places in which he has been located by the Police. He has wandered around distant streets and has waited outside picture houses until a woman will take him in with her.

His play was mostly of death and the following reported incident is typical. He took a boy doll and gave it his own name. He folded it into a foetal position and put it in a coffin because it was bad. He did not want to erect a tombstone because he did not want anyone to find him. He said that his mother would not care anyway although his father would come to look for him and would cry. So that his father might know where to find him he eventually put up a tombstone inscribing it with his full name and adding that he was to go to the Devil and not to heaven. He explained that he himself would not go to/

to the Devil but the "other Douglas".

His attitude to the mother figure was always aggressive and startling.

His Intelligence Quotient was 74 but we judged that the test was invalidated by emotional factors.

The father was released compassionately and the boy's condition improved steadily.

Note: Strong psychopathic family history with defects and wandering states.

Home overcrowded and confined after destruction of better home.

Home broken by father's absence.

Mother deprivation due to her inadequacy which was so profound that father treated her as a child.

Aggravated by birth of sister and departure of father.

Reduction to an animal level in behaviour and general depression.

Nocturnal wandering in early winter, diurnal wanderings in spring.

Preoccupation with death, desire not to be found, going to Hell in a foetal position.

Journeying towards mother figures but thinking of father coming to seek him.

Impulsion not obvious but there was a bad reaction to being kept in the house.

Case No. 7. William Cu----- aged 13¹/₁₂.

Complaints: Headstrong behaviour, lying, stealing, truanting, wandering from home.

Father: aged 39 is an engineer. He was a 'bus driver until the beginning of the war when he was sent away from home to dredge the Forth. He exaggerates, is evasive and has a fear of the Police. He truanted from school.

Mother: is a year older and is immature in feature and emotion. She uses Canadian phrases and accent acquired during 6 years in Canada where she left her mother in her late teens. She is nervous, moody, bad tempered and she suffers from short depressive bouts. She looks like a prostitute and has a mind full of sexual matters.

The patient is the older of two, his sister having on occasion truanted with him. There was a miscarriage four years ago.

The home is materially comfortable but there is much friction between the parents who despise one another. Father was away from home for three years and although he has now slept at home for a year he spends most of the time out of the house as he hates being penned in. The mother is a poor manager and much of the material needs are supplied by her mother in Canada. The boy is outstanding in his "cissy" Canadian/

Canadian attire.

Mother was frightened by dogs in pregnancy and the birth was rapid but the baby showed no ill effects. He was breast fed and developed normally suffering no retardation from an umbilical hernia repair at $2\frac{1}{2}$ months. After his first birthday he suffered partial and increasing neglect from his mother who was again pregnant so that he sustained minor injuries and accidents due to careless supervision by schoolgirls and young relatives. He became restless and although he liked school he ran home in the middle of the morning for a period. After having his tonsils and 11 teeth extracted he became actively troublesome in school. Father went away from home when the boy was 10 years old and just after this the two children wandered from home and were caught stealing in Woolworths. The boy was putting the goods in the girl's bag and for this he was committed to an approved school. When on holiday from the school he migrated to Cramond, back into Edinburgh and set off to London on the night train but was caught at Carstairs. Since his discharge from the approved school six months ago he has truanted from school frequently.

His is moody, excitable, impulsive, impatient, slovenly, affectionate and makes easy superficial contact but no friends. He is the butt of his fellows, tells fantastic lies which have a feminine sexual symbolism and his second dentition is already badly decayed.

Since the winter he has truanted and gone to the hospital out patient department with trivial physical complaints and he has notified his parents that he has to attend hospitals regularly. In May he migrated to London on money stolen from mother. His account of himself was vague and full of discrepancies with definite patches of total amnesia. He travelled by night because he wanted to see the shops in Oxford street. He went by Underground from King's Cross to the Zoo and can describe the route though he remembers nothing about the Zoo except that he thought of his parents looking for him. He wandered round streets and shops feeling lonely but not hungry and he wished he were at home. He bought a ticket and travelled back by night sleeping so much that he passed through Edinburgh and had to come back. He was afraid to approach his mother but eventually entered the house at 11 a.m., filthy, ravenous and pale. He was glad to be at home and "washed". The day before being brought to me he had again set out for London but he was found in the American Club whence an American soldier had taken him. The boy was preoccupied with death thoughts and said that he was fed up. It was suspected that he had a store of petty pilferings saved somewhere. The family failed to keep appointments.

The visit to the Zoo is interesting for Case (A. Cowe) Case (M. Cunningham) and Case (Fred Capaldi) have begun playroom sessions by making a Zoo.

Note: Strong psychopathic inheritance and direct inheritance of wandering from father.
Inadequate mother dependent still upon her own mother.
Mother deprivation aggravated by absence of husband and birth/

birth of sister.

Home broken temporarily by absence of father,
permanently by emotional differences..

Severe consequences to patient of birth of sister.

Migration began in late Spring, associated with ideas
of death and depression. Journey to the animal stage.

Fear of returning home and relief at being home and
cleansed.

Case No. 8. Margaret C age 6 years.

Complaints: Wandering, loss of appetite and sleep for 4 months

Father, 27 years, was a Rubber Mill Worker until 4 years ago
when because of his out of work state he joined up.
He was sent abroad 5 months ago. He is moody with a
poor work record. He is one of five, one of whom had
a suspicious accidental death and one of whom died
young.

Mother a year older than father is slovenly, irresponsible,
moody and often depressed and a liar who is a poor
manager of herself and her affairs. Her father led
a roving life as a hawker; her mother committed
suicide by drowning in St. Margarets Loch just before
the birth of the patient. She is one of ten and of
the six who survived infancy one was a migrant and
committed to an approved school on this account.

Patient is the elder of two, her sister being a
weakling and three years younger.

The home is filthy, lousy and confined. The children
are filthy and neglected. The father has seen the younger
child once only and mother feels lost and hopeless without her
husband.

The patient was normal until teething time. She had
been forcibly weaned at 5 months owing to lack of breast milk.
She reacted physically to teething and remained physically
reactive until she went to school. Her short life is
littered with chesty illnesses. She was sent early to school
where she is backward in spite of a normal Intelligence
Quotient. She is left handed.

She is timid, quiet, and unclean in habits. She now
eats and sleeps little.

In September she wandered from home beyond her usual
habitat and fell into a pond whence she was rescued by two
women who found her dazed and unable to give any account of
herself. Her father had left home just before this and
shortly afterwards went abroad. Later she boarded 'buses
some distance from her home and travelled 20 miles or more.
She always was dazed and uncommunicative when found and seemed
not to have eaten. "hen examined she was depressed
monosyllabic and quiet of utterance. She cried when her father
was/

was mentioned and buried a soldier in the sand. She buried a girl in a coffin. She thought that her father was dead and she was preoccupied with her own death.

Physical ill health interrupted treatment but more than a year later in Spring she was again brought to the Clinic because she was truanting and migrating. She was found by the Police in Princes Street Gardens (far away from her home) with money which had been given by women. She was covered with scabies and in general poor health. She was depressed, monosyllabic, off food and sleep.

When seen again in the summer she was well, cheerful and talkative telling me happily of things she had done.

Note: Strong psychopathic inheritance with mood swings and suicide on the mother's side and an indirect transmission of migratory tendencies.
Home broken by father's removal.
Mother deprivation due to her inadequacy aggravated by absent husband.
Cyclical tendency of migration associated with Autumn and Spring and depression.
Wandering with death thoughts and thoughts of father towards death and later mother figures.
Note mother's depression too.

Case No. 9. David F age 13 years and 6 months.

Complaints: incurring indecent suggestions from men.

Father: was one of two possibilities both being psychopathic with police records and history of living on women with whom they cohabited.

Mother: aged 41, is a charming childlike personality with a long prison record for obtaining goods fraudulently. She has had more than one illegitimate pregnancy one of which lived. Her other child was legitimate. She has one sister who has married a wandering Frenchman and lives a broken married life. Her other sibling is a childless Doctor. Her parents were highly respected church folk but a sibling in their generation was psychopathic, drinking excessively in bouts and gambling.

David has an older half-sister who is a psychopath of the inadequate type and also under psychiatric treatment.

The home has been moved frequently and broken by the mother's prison sentences. It has swung from riches to poverty. For the past two years David has been in an orphanage within possible reach of his maternal grandmother who has cared for him at intervals.

The pregnancy excused the mother from a prison sentence. He was bottle fed by grandmother and when he was 9 months old his mother went to prison for a year and a half. He was at boarding/

boarding school between 5 and 9 years and he attended no school at all at 10 years after his home was destroyed by enemy action. He changed homes and schools beyond count until at the last sentence of his mother to 3 years imprisonment he was sent to his grandmother who arranged for his admission to this orphanage 7 miles removed from her. Here he is doing fairly well but he is solitary, finicky and incapable of making decisions. He is conscientious and hard working and has strong attachments to his grandmother and the headmaster, a latent homosexual whose only son is a vicious thief.

At the age of 10 years this lad migrated round London and associated with American soldiers.

When staying with his grandmother in Autumn he wandered into Edinburgh (about 3 miles) and would return at night unable to give an account of himself. At Easter he became "fed up" and migrated from his grandmother into the Edinburgh Zoo where he met a man who showed him the animals, then sat on a seat with the boy on his knee and tried to enter into homosexual relations. The boy gave only a hazy account of this but remembers kicking the man and running away.

In the early Autumn following, while at camp, he felt that he had to see his grandmother. He picked flowers, walked ten miles and on finding his grandmother away from home he continued into Edinburgh towards his Aunt who also was out. He tried to make contact with his grandmother by telephone but failed and wandered aimlessly along Princes Street where he came upon a man who took him to the Gardens and tried to fondle him. The man spoke about going to bed with boys, took the patient to the pictures, continued to talk of sexual matters and arranged another meeting with the boy.

The boy does not know his mother's whereabouts but imagines that he would have to travel through the night to her. Sadness and the thought of mother are connected together. He aches to see her. He has a fantasy father who is splendid.

Note: Strong psychopathic inheritance in a family tending to die out in defect.
Badly broken home with intermittent father figures and mother coming and going.
Mother deprivation partial in the first nine months and total until $2\frac{1}{2}$ years varying between partial due to inadequacy and total due to prison sentences since.
Association of migration with depression, Autumn and Spring. He journeys to mother figures or becomes involved in sexual relations with men. He goes to the animals.

Case No. 10. Robert F age 14 years and 9 months.

Complaints: Lying since childhood, stealing and wandering from home.

Father died at the age of 29 from heart failure following a very//

very minor operation. He was an engineer with spells of unemployment, a quiet man with a temper.

Step-father: is the only brother of the above. He is deaf quiet and dour and easily roused to bad temper. Their mother is severely hypochondriacal.

Mother, aged 42, is a healthy quiet person with a strong sense of duty. She is one of six of whom one died of tuberculosis.

The patient is the younger of two, his brother being a bully but a good worker. There are two half siblings said to be normal.

The home is broken by the lack of confidence between husband and wife for she hides facts from him lest he be roused to fury. The patient's early life was spent in overcrowded poverty but now his home is well appointed concretely although his liberty is restricted owing to the father's temperamental difficulties. His original home is broken by death and the absence of his mother at work.

During the pregnancy the mother was worried by her circumstances and the baby was born two months prematurely. The breast fed baby shared his mother's misery until he was weaned. His father died when he was a year and nine months old and when he was 2 years old his mother went to work while he went to the day nursery and his brother went to his grandmother's house. He suffered from severe ill health at this time and began to lie. His mother re-married when he was 6 years old and the new family began a year later.

He had five changes of school including a year at a evacuation school which he liked. He was an average scholar sorry to leave school. Although he wished to be a joiner, he tried unconnected jobs from which he was sacked for inadequacy, slowness and lastly for passing false coins.

He is dour and solitary, polite outside by quarrelsome at home. Recently he has become lazy in all his habits and even filthy, always taking the easy path. He will not go out by day but will even sleep out at night. For some time he has given his mother false accounts of ill health and fainting turns and had begun to migrate from home to distant hospitals. In December he journeyed by train to Glasgow and wandered through the streets idly until found by the Police. He told them that he had to join his mother at an address which proved to be fictitious. It seemed to him that he lived there. The Police put him on the 'bus that was to take him home and he felt both happy and sad. He was afraid to go into the house and slept in an underground shelter. He was miserably cold and wished that he were in his own bed and that his mother would come to him. He thought that he heard her coming. In the morning prompted by an inner feeling his mother sent the husband to look in the Air Raid Shelter where he found the boy.

In Glasgow he had eaten nothing and slept little for 2 days and nights. He felt that no-one wanted him. He remained/

remained depressed after this episode and it was some time before interest returned. He was mildly hallucinated at night but his migrations he claimed resulted from an impulsion and not from a hallucinatory experience. This impulsion occurred in intense depression. He always felt better when away for he hated the pent up feeling that he had in the house.

He was transferred from hospital to a training school where he has done well.

Note: Obsessional and schyzoid inheritance almost psychopathic.

Home broken by the death of the father, the mother's working and more recently by temperamental clashes.

Mother deprivation severe in early childhood.

Brother had a related mother substitute.

Migration associated with depression.

He wanders towards mother and finished in an underground shelter.

Case No. 11 Raymond G..... aged 12 years.

Complaints: Wandering from school and home in the past year and a half.

Father unknown.

Mother aged now probably 32 years. She was a psychopath who masqueraded as "Lady White", lied, evaded payments, disappeared and is untraceable. Though pleasant and attractive she was always in the hands of rescue people.

Foster Mother: is sensible and affectionate but very moral.

Foster Father: is a foreman in a PaperMill. He is quiet sensitive, conscientious and duty driven.

Foster Home: is commodious and comfortable but there is a strong repressive atmosphere and some sexual differences.

During pregnancy the mother was apprehended for masquerading but excused prison on condition that she entered the Salvation Army Home where the baby was born. The foster parents received him when he was a year and a half and at that time he was happy, bright and advanced intellectually but unclean in his habits. A month later his mother absconded and cannot be traced. The child developed favourably and did so well at the elementary school that he was sent to the secondary school. A year previously he had had pleurisy after which he began to complain of his man teacher and to fall back scholastically. At the secondary school this failing continued and he evaded school dinner preferring to drink lemonade outside. He dropped his pals and has begun to play truant and steal.

He/

His manner is gentlemanly, quiet and shy. He is meticulously clean and fairly solitary but usually happy. His bowels and bladder were not controlled until a year ago, and he has a congenital ptosis of both lids of the right eye.

In the Autumn just after pleurisy he truanted from school, wandered round shops, ate nothing all day and spent the night in the earthy yard at the back of his father's mill. When he was taken home he ate ravenously and dropped where he sat into a deep sleep.

He repeated this but slept in the Air Raid Shelter and was found by father. Since then he has had frequent migrations which always follow the same pattern:-

1. Trivial offence.
2. He runs away from school and home either on a bicycle or in a 'bus where his town season ticket is inadequately examined. The rides are therefore free.
3. He reaches an unplanned destination latterly the same one.
4. He seeks accommodation for the night.
5. He is found and sent back by the Police but if his mother does not meet him he continues on in migration.

He usually travels distances of 20 to 100 miles from home and has been away as much as 4 days but he can never give more than a very bare account of his activities in that time.

On the last three occasions he has arrived at the house of a sensible motherly woman to whom he said originally that he was going to his mother's sister but had missed the 'bus. Later he asked to see her privately and then confessed the truth about himself. This woman's son barred his entry but he has tried to return to her in spite of this.

He describes impulsions which come from the Devil and which make him do wrong. He becomes excited and upset as he tries to overcome this impulsion but eventually he has to obey only to feel unhappy. Another impulsion makes him run away. He is still unhappy but he cannot turn back. As he goes he thinks "What will Mum be like. What can I do. Where can I go." He feels lonely and wants to go home but is frightened to do so. He is relieved when he is found.

When he slept in the open he felt that it was the only spot for him. He prefers to be outside for he gets a panned in feeling indoors.

Note: Strong psychopathic inheritance with recorded disappearance of mother.
Home life unsatisfactory in infancy and broken by sexual differences later.
Mother deprivation in early life.
Migration associated with depression following a serious illness. When established it is towards another figure and has a sexual colouring. It is dependent upon an impulsion.

Case No. 12 Daniel G ----- aged 11 years.

Complaints: Brainstorms, truancy and wandering from home.

Father: aged 37, is an ex-labourer who has been in the Army for four years. He drinks excessively and varies from slow moroseness to violent temper. Of his 13 siblings 5 died in infancy and some are twins. A Roman Catholic family.

Mother: is 32 years old, physically weak and a neurotic who suffers from depressive bouts and who used to faint. She was originally a Protestant.

The patient is the eldest of five children of whom one is mentally defective. The rest are doubtfully healthy.

The Home is away in the new housing scheme. There were frequent rows before father departed but mother has found life even more difficult without him. The maternal grandparents still supervise mother.

The Doctor feared for the life of the child during pregnancy for mother's faints were so serious. Prematurely born he refused any food other than breast milk until he was over a year old. He had sudden sleepy spells from the age of 3 months and convulsions during teething but these seemed to have cleared away in toddlerhood. He never reconciled himself to his sister who came when he was 2 years old.

At 6 years of age when his brother was born he told another child to tell Mrs Glancey (his mother) that Daniel had been run over. The parents and the Police searched Hospitals and Mortuaries until the child returned home late at night. At 7 years they moved to a new house and school and the father went away. Daniel was found to be backward scholastically and his truancy increased.

He has had frequent bouts of ill health and many minor accidents. He is polite, clean, cheerful, rather willing, somewhat truculent before higher authority but a favourite of adults.

Two and a half years ago he set fire to a hay stack. One year ago he set fire to linoleum in the house. Latterly he appeared on a second storey window sill waving a lighted newspaper which he let fall on to the people below. A week before seeing the Psychiatrist he had fallen on a burning dump and was injured.

He has migrated from home on several occasions. His "bad" sister informs about his misdeeds for which he is chastised. He feels bad and runs away. He used to go to maternal relatives but now that they have barred their door to him he goes into the open. Once he stayed all night in a haystack with two older unknown boys. He slept little and felt bad, wanting to go home but feeling that the boys prevented him from going. They all entered town the next day and begged money for food. They went in free to the pictures and/

and returned to their hay stack. In the morning Daniel left the boys, returned home and found his frantic mother glad to receive him.

He was admitted to Hospital. After three weeks of good behaviour he suddenly threw a book at an older boy who had not provoked him. He rushed to the door of the hospital but was prevented from departure. He bit his captors, shouted, struggled and became ungovernable in his rage. Morphia was given but he did not sleep all night. He leapt out of bed on several occasions towards the door and was visually hallucinated. He required a considerable amount of sedative to quieten him the next day and eventually fell into a deep sleep from which he awakened 36 hours later in his old pleasant frame of mind.

His Intelligence Quotient was 66 but this may not have been accurate owing to the emotional factors.

Note: Psychopathic and epileptic family tending to breed defectives.
Home broken by temperamental clashes and absence of father.
Migrating to mother figures and death symbols.
Compulsive nature of migration and violence
demonstrated when migration is prevented.

Case No. 13. Margaret G 15 years.

Complaints: Confabulating, stealing and wandering.

Father: aged about 42 he is a charming psychopath who lives with women and drinks to excess. He was his wife's lodger. He is to marry a young girl after he has divorced his wife. He is one of nine of whom three are psychopathic with sexual misdemeanours to their accounts.

Mother: aged 55 is an unstable woman who has had two depressive attacks requiring treatment, has been twice married and has cohabited with men extramaritally. She was a great traveller. She takes drugs and now works as a hair-dresser. Her father was French and her mother Scottish. The latter became senile early. She too is one of nine of whom four died young, the rest scattering widely as they grew. This woman's intellectual faculties are impaired.

The patient has two half sisters. The elder has had two neurotic breakdowns diagnosed as narcolepsy, hysteria or hysteró-epilepsy. The younger talks in her sleep.

The home has always been unsatisfactory. The father cohabited with the mother but did not marry her until his child was 10 years old. The mother is hysterically attached to the father and will go to any length to satisfy her desires. Rows were frequent and at one point father cohabited with another woman. For this reason Margaret at 6 years was sent to an orphanage where she has received interest and much attention and good treatment. She found satisfactory parental substitutes in/
in/

in the Vicar and the Matron by whom she was found to be a charming superior schoolgirl of more than average intelligence. (Intelligence Quotient 135).

The menarche occurred at the age of 11 years but it was not until about 12-13 years that the girl's work and behaviour deteriorated. About this time she was confirmed in the Anglican faith and divorce proceedings began without her knowledge. A year ago she became moody and tired to school although she was still ambitious. In the early Autumn she began to relate fantasies about her origin in France. She left her mother ill and escaped through awful perils at Dunkirk. She had a violently hysterical episode in which she maintained that her leg was broken. She became aware of the divorce proceedings and began to wander. She described periodic depressions in which she lost sleep and appetite and became desperate to have a bath. She was shallow in feeling but intellectually deeply interested in many subjects especially concerning the origin of all things.

In the Autumn she became "fed up", impersonated a rich woman on the telephone and asked permission for herself to sing at a Party in the North British Hotel in Edinburgh. With full permission she set off as to the Party in her best clothes. She travelled the 15 miles and went to her mother's house but finding her out, as usual at that time, she went to find her eldest sister who had not returned from work. She wandered vaguely into Princes Street where she came upon some American soldiers who took her to meals and dancing. In the evening she again telephoned with the rich woman's voice to ask permission to stay the night. The Matron who had been out at this time telephoned the sister asking her to arrange for the girl to travel back to the orphanage that night but the sister had no idea of Margaret's whereabouts. The Americans meanwhile had failed to obtain accommodation for her in their club and on the advice of a strange man she spent the night with a woman in a very low quarter to whom she told a France - fantasy. The next day she wandered around with the Americans and finally returned in the evening in a good frame of mind with a fantastic party-story.

The girl improved slightly under treatment but at Christmas the divorce became imminent. Mother reacted violently with a stabbing pain in the abdomen which the girl interpreted as cancer. The mother was removed to hospital and the girl after a bout of stealing was allowed to return to her mother as she had asked.

The migrations continued at intervals and on one of these she became pregnant and contracted Venereal Disease. The child was still born.

Note: Heavy psychopathic inheritance with tendency to roaming and to early deterioration.
Possible epileptic strain
Severely broken home due to absence of father, temperamental incompatibility and entry into orphanage.
Mother deprivation due to inadequacy, frequent emotional upheavals and later actual parting.
Migration associated with depression and Autumn.
Journeyed/

Journeyed to mother and sexual relations. Symbolic feeling of uplift when she went to Edinburgh. Attempts to obtain super-ego approval.

Case No. 14. Doris and Bobby G aged 9 years and 6 years.

Complaints of wandering from home and with Doris, assaulting children also.

Father died at the age of 63. As a representative for a large Drug House he had even travelled abroad. He was ego-centric exhibitionistic, unthrifty, flamboyant, popular, an excessive drinker and giver of presents but selfish with his wife. He came of a large family only five of whom survived infancy. Of these four emigrated and of these one followed a roving occupation and another died of tuberculosis.

Mother now 46 years old was 19 years younger than her husband. She is a strange, inhibited, spiteful, secretive woman with a tendency to faint. Half of her family emigrated. Her father drank excessively and her mother fainted. She is one of six all of whom reached skilled or professional level, have married, but have had no children. A brother was psychopathic and has disappeared, another drank excessively and one had fainting turns.

Home was broken by father's absences. As he desired the mother only his homecoming spelt luxury and gaiety for the adults but suppression for the children. For the past two years since father's death the home, once materially commodious and comfortable has been confined to one room in lodgings. The mother works all day. There has never been any demonstration of affection towards the girl but father has admired and mother has cherished the boy.

The girl's birth was normal and her intellectual development proceeded normally. She was kept apart from people as an infant and toddler and she was not allowed out to play. At $2\frac{1}{2}$ years she was joined by Bobby who was precipitately born. He was breast fed for a shorter time than Doris owing to maternal mastitis. His intellectual development was normal but he was unhappy for a long time as a baby and again became very fretful during teething. Yet the mother remembers him as "no trouble" whereas good Doris was "always a bother". Doris was over demonstrative to her brother who never cared for her.

Doris was put to school at $3\frac{1}{2}$ years and had had four changes before she came to the Clinic. She left Bobby being cuddled on mother's knee. She never succeeded in making or was encouraged to make social contacts. Bobby however from babyhood was readily friendly and as a toddler he was indiscriminate in his associates. At 2 years old he wandered continually out of the house and so caught one of his chesty colds which required nursing. Doris at this juncture began to wander from home in a nomadic way which gradually took on migratory/

migratory features so that when locked in she would climb out of the window to get to the house of a motherly woman who later moved twenty miles away.

Doris was 7 years and her brother was 4 years when the father died but neither child was told this fact until a year later. In spite of this, just after the death Bobby wandered to the railway station and was not found by the Police until 10 p.m.

Bobby also went to school at 3 years of age and had had four changes by the time he was 6 years old. Neither child has ever made a friend in spite of different approaches.

A year ago the children learned of the father's death. Doris still begs her mother to get another father for her and says that she hopes to get poisoned that she may die and go to father. Bobby recalls his father frequently. Both children have been more disturbed in their behaviour. Bobby has one of his many illnesses and absorbed mother. Doris broke out of the locked house by the window and travelled in the 'bus for 20 miles to the village of the ex-neighbour. She did not find the woman but played around and came back at night. The mother was distraught in her search torn between son and daughter. Since this time the girl has wandered from home on Sundays because of being in "a bad mood". She has found a young child and taken it with her on her migration only to ill treat it and so draw attention to herself that her migration is stopped by adults. On one occasion she had taken the little boy to the Beach and stripped it of its clothes an act which made her feel better. She continued on her journey pushing the naked child in the pram until stopped by the Police. On the last occasion she wandered from home and played with a baby in a pram. This made her so happy that she felt that she had to have the baby. She lifted it and carried it along the streets but as it grew very heavy she began to be unhappy. She propped it against a wall in a yard and threw stones at it, an act which relieved her feelings, until the Police came. These episodes began in late summer and continued into the Autumn.

Bobby likewise has migrated from home. He wandered 3 miles to an open space where he found a woman who played with him. He and another boy wandered 5 miles, the other boy fell into water and was rescued by passers by who took the children home. On another occasion he went to Princes Street Gardens where a woman gave him a radish which he thought would make bait for fishing tackle! He journeyed to Musselburgh on foot and played on the Beach. He allowed himself to be taken out to sea in a boat by a man who brought him ashore late at night. He wandered home and arrived in the early hours of the morning to be found by his mother, distraught in her search. In analysis he revealed that boats take away dead bodies and the boat of the man was not as nice as his mother's boat in which he was once.

Note: Psychopathic inheritance and dying family.

Broken home.

Mother deprivation, more severe in Doris's case.

Both children show migratory tendencies, both being concerned with dying, the girl consciously, the boy unconsciously./

unconsciously.

Although Doris wishes to die to be with father both children wander towards mother figures and even motherhood to reproduction in Doris's case and to death in Bobby's case.

Case No. 15 Jaqueline G aged 13 $\frac{1}{2}$ years.

Complaints: Wandering from home.

Father: 43 years old, is a quartermaster in the regular army. He is quiet and reserved but has a quick temper and has been involved in three suspicious accidents. He is one of seven of whom two were killed in the mines. He has moved without the family for four years.

Mother: aged 41 is solitary, emotional and talkative and suffers from headaches. Her mother was twice married and died of diabetes insipidis. One of her six siblings died young of cancer.

Patient is the middle member of three, the youngest having mental defect, spina bifida and petit mal.

The home has always been the Barracks and largely in India. It is now very overcrowded and father has been mostly absent during the last four years.

The birth was slightly abnormal. Mother remembers "Thrombosis of the cord." As a baby Jaqueline had so many colds that her tonsils were removed when she was 1 year old. Intellectually she was normal and when she went to India in toddlerhood she was the only member who learnt Hindustani. She went to boarding school from 5 - 8 years and was a problem originally. Her brother was born when she was 7 years old. She was very upset at leaving India.

At the Scottish school she was found to be retarded in spite of her normal intelligence and she was transferred to a special school with her defective brother. At 9 $\frac{1}{2}$ years she began to grow fat and at 12 years menstruation began. She was at this time a popular easily friendly happy person.

At Christmas just before the end of father's leave she failed to return from posting a letter and as she had been seen in male company her father insisted on the army doctor's performing a vaginal examination. On the next two occasions she was thrashed either by father or by mother. A few days after father's departure she stayed in the canteen to talk to a soldier. Thence she wandered to the stables and spent the night in the hay above two men on duty and with the animals underneath her. She returned home secretly to leave a note for her mother saying that she was going for good. She walked to a friend of her mothers some five miles distant and returned home spontaneously at night.

Two days after the first interview she went to the pictures, evaded her brother, wandered vaguely feeling lonely and spent the night in her own stair listening to her mother's distracted/

distracted search for her. She was unhappy and afraid of her mother finding her. Eventually she slept but awoke early and walked in the darkness about $1\frac{1}{2}$ miles to me arriving at 6 a.m. She cried miserably saying it was too cold and hard round her home for her to stay there. She was afraid that I would examine her vaginally. She was pale, cold and looked miserable with pieces of straw about her. She stank of stable and animal dirt but could not remember having visited the stables at any time. Her distraught mother fetched her. Later in the day she was quiet and monosyllabic in utterance.

In Spring she again migrated after leaving a parting note for mother. She intended to go to the father's brother in Canterbury but was prevented at the Border two days later in the company of an older prostitute. She was committed to an approved school where she slipped under water while bathing and thereafter she remained depressed and quiet for two days. Since then she has adjusted. Father is reunited to family.

Note: Inadequate psychopathy on mother's side.
Possibility of depressive bouts leading to accidents on father's side.
Degenerating stock.
Mother deprivation on boat journey, at boarding school and aggravated by brother's birth and father's absence.
Broken home due to the war.
Migration associated with depression and tending towards the animal level.
Wandering to both mother and father figures but delight in mother's search for her. Sexual leanings.
Suicidal episode when parted from mother.

Case No. 16. Eileen H..... aged 14.

Complaints: Wandering states, confabulation, and disinclination for school.

Father died suddenly at the age of 42 of "lung trouble". He was meticulous, irritable, childish. As a district representative of the "News of the World" he travelled much. He was an only child.

Mother now 43 is psychosexually immature. She hates demonstrations of affection and likes a good time. Her only sibling was still born.

Step-father was an actor and is now in the Records Office. He is a jovial, generous drinker.

The patient is an only child and only grandchild.

The home changed frequently. It is now commodious and comfortable but the maternal grandmother still supervises the girl's destiny as mother is out at work in the day and with her husband in the evening.

Eileen was unwanted and received little attention for the mother devoted herself to her chesty husband. After her first year/

year the grandmother took her until she was 6 years old. She went to her parents but shortly afterwards her father died suddenly and suspiciously and mother and child returned to the grandmother. Later the mother, now doing secretarial work, cohabited with the man she afterwards married. Eileen went to live in the new home after a six months interval. Altogether she had four changes of school but did quite well until the winter term when her work began to fail and her examination papers were described as sheer rubbish. Her history paper was full of extraordinary sexual fantasies including one of Queen Elizabeth and the butcher boy. Her menarche had occurred at the beginning of this bad term. During this term she has truanted for she wishes to leave school and become a secretary like mother.

She is solitary and retires to books. She is conscientious and overclean. She is obsessively tidy and becomes "entangled in the cleaning." She is quiet, humourless and undemonstrative. She hates all men and has strong homosexual feelings.

Eventually she and her mother quarrelled about her leaving school. Mother departed to work and Eileen arose feeling very "fed up." She took some of her mother's money and went from the house without breakfast after leaving a note saying "Dear Mummy as I seem to be a bother I had better clear out. Please return all my library books. When I get some money I'll send you some." She travelled by train to London but could tell nothing of the journey. She walked the streets and neither spoke nor ate. She went to the Police to give particulars of herself and was relieved on returning.

Note: Poor survival power of family.
Psychopathic and travelling inheritance. Possible suicide of father.
Severely broken home life.
Severe mother deprivation.
Obsessional tendencies.
Migration associated with depression and onset of menstruation.
Lack of conscious feeling and memory of journey - as if dead.
Journeying to attract mother and relief on return.

Case No. 17. Jane J aged 15 years.

Complaints: Inability to stay at work and wandering from home.

Father, aged 51, has not worked since being wounded in the 1914-18 war. He has a disability pension and seems content not to work outside the house.

Mother: aged 48, claims to be nervous. She is mildly hypomanic but has depressed phases.

The patient is the thirteenth of 18 children, five of whom died in infancy. One sister is permanently at home for she has a tuberculous knee.

The/

The home is extremely overcrowded and the finances are strained. The mother's attention has been absorbed by a new baby almost every year and father has acted as assistant mother.

The mother remembers nothing about this girl except that she had a kind of chorea at 11 years during which she was hallucinated visually and had an inverted sleep rhythm after being paralysed down one side. Her periods began about 10 months ago and are accompanied by headaches. Since leaving school she has become impulsive and irresponsible, singing and dancing in the street. For 7 months she has been less particular about herself and has slept anywhere. She hates being in the house and will leave by the window if prevented from leaving by the door. 7 months ago she went to the pictures and was found 2 days later in the house of a woman of ill fame. She has had several jobs which she has left on impulse.

When examined she was apathetic and monosyllabic. Her face showed poverty of mimic expression and the muscles were toneless. She described fears of the dark sometimes amounting to acute panic attacks in one of which she ran home, a distance of 3 miles, and arrived exhausted.

A "fed up" feeling attacks her suddenly so that she must walk out of any building in which she is. She wanders away and remembers nothing between departure and arrival. She has migrated to Dunfermline and to Granton where her mother's sisters reside and she has slept with strange girls or women and has had to be traced by the police.

Her Intelligence Quotient was 68 but this was lower than her performance both at present and at the age of 11 years when she passed the qualifying examination and may have been invalidated by emotional factors.

Note: Insufficient family history obtained but there is a history of mood alteration in mother.
Mother deprivation due to large family.
Some break in the parental relations due to father's inadequacy and his playing the role of assistant mother.
Overcrowded home.
Migration associated with depression and menarche. She wanders towards mother figures.
Possibility of chorea having been encephalitis.

Case No. 18. Michael M aged 9 years.

Complaints: Wandering, lying and stealing from mother.

Father died at the age of 31 years of influenza. He was younger than mother, an ineffectual farm labourer, bad tempered, nervous, delicate, unstable and an easily affected drinker.

Mother aged 41 is an Irish Catholic, garrulous, nervous and silly. She has been obliged to marry on both occasions and spent little time with her first husband.

Step-father/

Step-father is a Scottish Presbyterian and a telephone operator, sadistic and ungrateful, a latent homosexual who was a ne'er do well for a long time and now while working steadily is "agin" any government.

The patient has a half brother aged 3 who is much cherished and girlish.

The home is showy and excessively clean and unhomely. Mr. Murphy is the Mr. Murdstone type in the home. There are religious differences. The mother thinks that Michael is a nuisance.

The child was instrumentally delivered and breast fed. He was greedy. He had bronchitis while teething but was forward in his development. When he was 2 years old his father returned to his parental home leaving his wife who at his death took the 3 year old Michael to Scotland where she found work and left the child with a foster parent. The mother cohabited with Mr. Murphy and was forced to marry him when Michael was 6 years old. The child was taken from the school that he liked and in his new school he was found to be backward in spite of an Intelligence Quotient of 111. He began to play truant just after the baby arrived $2\frac{1}{2}$ years ago and his school was again changed. His concentration was impaired at this time.

For the past two years although previously the cleanest boy in the district he has associated with the dirtiest children in the street. He is still very clean in his person, and quiet, obedient, subservient uncommunicative and solitary..

He stated that he wished to leave his mother for ever. He had a deep sense of guilt and was hopeless. He said that he often had an impulse to go away, did not realise what he was doing until he was away and often had to sleep in fields and then became conscious of being sad and wished he were in bed. He wished that his father and mother would come to claim him. He never remembered the episodes fully.

In September he became very moody and flew out of the house at the least criticism. He seemed not to concentrate on or even hear what people said to him. He was difficult to rouse in the morning, lazy and dirty. He disappeared one day and reappeared in the evening filthy and foul smelling and with a verminous head. The precipitating cause seems to have been a holiday in which all went away but after three days the others left Michael on his own for the rest of the time.

Thereafter followed a spate of migration. He disappeared on Wednesday and appeared in the house of a parental friend on Saturday. He refused food but seemed content to stay. When urged to go home at 11 p.m. he rushed suddenly downstairs at an incredible speed and was found in the bed of the firewatcher of the flats. He was again sent home but was found in the company of American Soldiers on Sunday. He was still moody and spoke little. He said that he had gone to Princes Street Gardens mindful of his mother and father searching for him. He slept in the Gardens by a tree blown down by the gale then raging. He had felt miserable. The following/

following two days were almost a blank but he recalled thinking that something was his father coming for him on the flats' stairs and he ran away from this illusion. He had not eaten and had not felt hungry and had not washed. He had not slept well and had been miserable. He was found by the searching father but his mood was still black and he seemed far away as though not listening. He was filthy, dishevelled and smelly.

The step-father refused to do anything but thrash the boy and would allow no authority to help him. Finally at the instigation of the Education Authority the matter went to court and the boy was admitted to Barns House.

Note: Psychopathic inheritance with mood swings.
Broken home from 2 - 6 years and temporary break in connection in recent holiday.
Mother deprivation due to her work, her attention to Mr. Murphy and the baby. No love for this boy.
Migration associated with depression.
Reduction to animal level of sleeping in the open.
Wandered to father figures but wishes for both father and mother to seek for him. No relief because he is found too soon.

Case No. 19. Ella M aged 13 years.

Complaints: Wandering from home and stealing, sending bogus telegrams.

Father aged 36, housepainter with out of work spells in the winter before the war but is now a dockworker. He is a man of many interests and many friends but he will sometimes go off alone on a secret fishing expedition. He indulges in children's stories. He is now often out of the house at night on firewatching duties. His mother is a hard woman dying of cancer. He was an only child.

Mother aged 35 years has a chronic anxiety state and is easily hurt and put into a temper. She has recently been confined to bed with a neurotic condition. Her mother died young leaving a thirteen year old to rear the other four. One sister has none of her four children living.

The patient is the third of four children the two eldest being stillborn.

The home is commodious and comfortable. Father and mother though happy have temperamental clashes and confide so little in one another that the mother knows nothing of her husband's family and life. There is sexual disruption and each parent favours a child.

The patient was unwanted for she came too soon after her sister. She was delivered instrumentally. Breast feeding was stopped suddenly so that the child lost weight and was miserable/

miserable. She developed normally as an infant but had much misery and difficulty with her sister during toddlerhood. She was sent to a kindergarten at 3 years of age where she was petted. She advanced well in the primary school and qualified at 11 years but at the secondary school her attention and attendance flagged. She suffered from minor ailments. She was twice in the fever hospital. The Menarche occurred at 12 years and she hid the event from her mother for a day.

She is a pleasant child, highly sensitive to criticism. She is easily friendly but for two years has made no social contacts. She has worried over her mother's going to work in the last two years. She came alone to the initial interview as her mother was in bed with a sudden neurotic illness. She gave me a partial account of her migrations which she supplemented two years later for originally whole migrations were blotted out.

Spring 1941. Her grandfather died, the first death in her life.

Autumn came her first period and at the same time her cousin died in toddlerhood following the three other siblings to the grave. He had often slept with the patient. She began to stay away from the school and wander around Princes Street. She developed fears of the dark. One day after truanting she felt that she could not go home and slept instead with a stranger girl whose bed was in the same room as her fathers. The following day was a hazy memory. She stayed in the house while her "host" and "hostess" went to work but she departed when the latter returned with a paramour for she felt unwanted. She ate stolen food and wanted to go home but the thought frightened her. She continued to walk the streets all night and the next day met a soldier who gave her money for lodgings and arranged to meet her. She ran away in the morning before he came, wandered round Edinburgh and slept in the Waverley Station where she was found.

Later she had another migration in a lorry to Glasgow where she wandered around the Central Station until she got frightened and went to the Police. She had again "felt bad" and that she "must get away from it all."

At Christmas time she thought that she saw her baby cousin's face in miniature on the mantelpiece. Later she stole a bicycle and was on the Glasgow road when caught.

In the early Spring she wandered around Edinburgh and finally went to a telephone kiosk to try to send telegrams to an aunt and other people unknown to her as from the mother of the cousin saying that he had just died. She gave some cake to a lorry driver who took her to Glasgow where she "would meet her aunt". She did not enjoy herself and when the lorryman left her she felt that it was useless going on. She went to the police who placed her in the remand home where she was intensely miserable for she had hoped to go home. She was sent to an approved school and three years later was working happily in a florist. She was an immature person, pretty and attractive to men.

Note: /

Note: Chronic neurotic, inadequate mother who came of a family tending to breed out. Mood swings in mother and work swings in father. Father immature and with possible depressive episodes.

Home broken by father's work, by temperamental clashes and by reticence of partners.

Early menarche.

Migration associated with depression. Wandering with father figures towards mother or falling into homosexual relations.

Death feelings.

Case No. 20 Joseph O'N.....age 15 years.

Complaints: Stealing, burning, wandering.

Father aged 45 has been in several jobs and is now a manager of a public house. He suffers from chronic alcoholism.

Mother died at 33 years of a cerebral abscess but she had life-long epilepsy.

The patient is the fourth of 6 children, his next older sibling being an aggressive psychopath in an approved school and the next younger having a chronic lung abscess.

The home is a house where father is from 11 p.m. to 9a.m. only. The patient is the only other member at home for the rest are in institutions and orphanages.

His birth was non-traumatic and he was breast fed. His mother was ailing for some time and died when the boy was six years old. He went with his siblings to the orphanage where he proved aggressive and unmanageable and whence he migrated thrice.

Since leaving the orphanage he has had several jobs and has been smoking, swearing and stealing. He is moody, solitary, and easily cowed. He was depressed with psychomotor retardation anxieties and homosexual fantasies. His thoughts were full of animals and death. He became "fed up" in spring and migrated to Glasgow and found work. This he left at the end of the week as he felt that his brother was dying and that he should therefore return to Edinburgh.

A month later he stole from father and migrated to Inverness, returning the same day. He climbed into his own house through the window, stole blankets and slept in the shelter for three nights, wandering around in the day. On the fourth day he again broke into the house and lit a fire in the middle of the room because he was cold. He spent that night in the cellar where he let his father find him.

Note: Psychopathic and epileptic inheritance.

Very disrupted home.

Appalling mother and love deprivation.

Migrates away but having a feeling of death he returns home and goes underground.

Case No. 21./

Case No. 21. Jackson O..... aged 11 years.

Complaints: Life-long enuresis and cyclical vomiting, and recent wandering.

Father aged 34 is a Master Stevedor, cheery, easy going and generous with a desire to sail away. Of his seven sibs, two sets of twins died and one is nervous.

Mother, two months older is quiet, slow, moody, difficult and has meticulously high standards. She is bad-tempered and secretive. Her father and mother separated on account of the former's moods. The youngest of her four siblings married secretly and committed suicide.

The patient is separated from his brother by $6\frac{1}{2}$ years. This sibling migrated at $3\frac{1}{2}$ years and the police searched for him.

The home is comfortable and commodious but the sleeping arrangements are capricious. There is little confidence and understanding between husband and wife. The marriage was forced after 4 years courtship and was secret and runaway at Gretna Green. Mother lived unhappily with her husband's people for a time.

A non-traumatic birth was followed by breast feeding until mastitis necessitated weaning. This caused Jackson much misery and many foods were tried without success. He reacted badly to teething but otherwise developed normally in spite of mother's inexperience, resentment and worry. He enjoyed school. His brother was born when he was nearly seven years and Jackson has remained jealous and resentful.

He is reserved, selfish, solitary, meticulous outside but dirty at home. X rays evidence of spina bifida was found.

After a full renal investigation he began to migrate but the phase was short. He had felt upset, boarded a 'bus in which he sat thinking of his mother, journeyed some 4 to 5 miles and returned feeling better to be made quite happy by the demonstration of his mother's concern on his arrival. Three days later he rushed suddenly to the 'bus station and boarded one that took him 15 miles to a town which he had visited before in a car, with father and mother and no baby brother. He felt worried at first, thinking about his mother but he recovered on the way. He returned expecting to find his parents pleased to see him and he was surprised by their crossness.

In interviews he had fantasies of journeys and invented routes for 'busses

MARKINGTON	interpreted as "King mother."
via LAMMER	enterpreted as "Hitting".
also GAFFSTUNG	interpreted as "Talking, tasting, licking.
GOBBING SEEFAR	interpreted as "Having things to do with a mouth".
LAMMER and into	interpreted as "Hitting into
GOOCH	funny business".
MARKINGTON	interpreted as "King Mother".

Another/

Another route was:-

QUINTON
also REYNOLDSTOWN
LONGSTON DILFART
NOCHTON FALMOUTH
FORTHAROLD EASTCAMPFELL
and into

Q UINTON (a place right in the mountains)

Quinton was exquisitely depicted as a large power station with teat like chimneys belching smoke. On either side was a tram in a tunnel and on either side again a big flat. There was much smoke and gas. He has a feeling of the latter when in the house and therefore prefers to be outside.

This lad recovered shortly after expressing this material.

Note: Obsession mother with mood swings, her collateral history of suicide and her broken home life.
Fathers desire to roam, his collaterals abnormalities and poor survival rate.
Home broken slightly by lack of understanding between parents.
Mother deprivation due to her inadequate adjustment to marriage and aggravated by the birth of the brother who drew attention to himself by wandering.
Migration connected with depression and motivated by a desire to attract mother. Journey to "King mother".

Case No. 22. Nancy R.....aged 14 years.

Complaints: Stealing and lying for 7 years, truancy for 1 year and recent wandering.

Father aged 38 years was dux of his school. His army career was followed by unemployment but he is now an electrician. He is bitter and disillusioned. He deceives his wife and ill-treats the girl. Formerly he cohabited with another woman and collected debts.

Mother age 39 an anxious, ambitious, conscientious woman who suffered much in her early married life and had to go to work to pay her husband's debts.

The patient is one of three but there is a gap of 7 years between her and her bad tempered brother.

The home is overcrowded and overclean. Mother is so occupied in the house that Nancy is sent on all outside work including airing the younger children. There is a complete lack of unity between the parents. He deceives her and she withholds fearfully from him. In the child's early days this situation extended to the sexual level so that father cohabited with another woman while mother poured her emotion over the child whom the father now ostracises.

Nancy's infancy was punctuated by her colds and her mother's tears. She was undernourished and miserable. In toddlerhood/

toddlerhood she added nightmares to this misery and continued in ill health and undernourishment so that later she was frequently away from school. Her father spent money and nights away from home with another woman while his wife wept over Nancy. At 7 years her brother was born and Nancy's health declined. Her mother treated her glands so actively that Nancy sustained severely disfiguring iodine burns and after this she began to steal.

She finds lessons easy yet plays truant from school. She has to go to the pictures twice weekly and has a craving for sweets. She is careless about her clothes, makes no social contacts but is hungry for sympathy. She is restless, over-anxious, pale, sensitive, timid, subdued, a very unhappy girl walking with bowed head. She likes school and her understanding teachers but "something that makes all the world wrong" makes her not want to go to school.

She improved a little under treatment but her environment did not. In the following Spring she became very restless and had influenza badly after which she migrated. She told her brother that she was taking the vacuum cleaner to be mended. (Once she had said to me that she was a vacuum always wanting food). She herself gave only a vague account of her actions subsequently, the story being eventually pieced together by different observers. She travelled from Comrie to Falkirk and put her name into a registry office whence she was directed to a mistress who asked her to return for interview in the evening. Nancy said that she would visit her aunt but wandered around instead. In the evening she explained fictitiously that she had come to stay with her aunt and the mistress agreed to take her three days later.

Nancy stayed with her maternal aunt overnight and was sent home in the morning but she wandered around Falkirk and arrived at the mistress's house in the evening and said that she had found her aunt away. When advised to return home she said that her parents were visiting a sick grandmother in Glasgow. She had supper, was given money for the pictures, and returned to the mistress for the night. In the morning her mistress sent her shopping and to visit her aunt's house again. She was seen in the street by her mother who had come at the aunt's advice but Nancy struggled from her mother's grasp and fled back to her mistress, mother following. She was very upset when brought home, said that she wished she was dead and the father threatened to cut her throat.

She was sent to a training home where she improved.

Note: Psychopathic inheritance.

Home broken by father's infidelity, mother's frigidity and extra domiciliary work.

Severe mother deprivation. She was food starved in early life and love starved later so that she was always hungry.

She was treated as mother's husband and working accessory. Severe reaction to birth of brother.

Wandering associated with wish to be dead, yet mended associated with spring.

She migrated to a similar situation but where she would be paid for working for a woman.

Coincidental/

Coincidental maternal state.

Case No. 23 Robert R aged 12 years.

Complaints: Stealing, lying and migrating.

Father: 34 years, has been a Prisoner of War in Germany for 3 years. He is free, easy and jolly but an excessive drinker. He is one of two children. His parents belong to a queer religious sect.

Mother: 30 years, suffers from mild depressions and is reckless. She had to be married. She is one of a large family with no registered pathology.

The patient is the elder of two the younger preferring to be out all day.

The home is materially good but has been moved at least six times to follow father in the regular army. Mother's factory work extends beyond school hours at both ends. Her mother cares for the children but has recently spent time in hospital for a uterine neoplastic condition. The mother's father lives in the house.

The pregnancy conceived out of wedlock was complicated by kidney trouble. Instrumental delivery resulted in a black baby after which the mother had a bout of depression and the baby did not thrive on her plentiful breast milk. On bottle feeding he developed normally and happily and after an uneventful toddlerhood progressed satisfactorily at school despite frequent changes but recently he has begun to dislike it.

He is secretive, moody and easily roused to a temper. He prefers solitude but goes superficially with a gang and belongs to scouts. He reads considerably. Recently he has developed a distrust of barbers.

On examination he was found to be dour and inaccessible. Facts were collected with difficulty in frequent intervals. His Intelligence Quotient is 123 but he said that he wished to be idle for ever after leaving school. After his father's last letter in September he became depressed, sat with head in hands, staring. His people found him inaccessible. At the week end, he cleaned himself, donned his best coat, took £5 from mother's 'secret' savings and seemed very happy, talking more than usual about the war news. He disappeared from home, took a train to London whence he returned as far as Peterborough where the Police found him. He had had no food and was very tired. He remembered nothing of the journey except that he had tried to think of a way of getting father out of Germany. He felt lost in London and decided to return but had enough money to take him to Peterborough only. His mother fetched him from Peterborough and sent him next day to school but instead he migrated some 6 miles to the Waverley Station where he was stopped by the Police before he could set off for London again.

On/

On the following day he tried to escape from home by the window but was prevented by his mother who stayed off work until he settled.

Note: Psychopathic inheritance and small family on father's side.

Depression in mother.

Home broken by father's absence. Nomadic life of the family before this.

Mother deprivation due to her working and her depressions.

Migration followed a period of depression and was associated with depression and autumn. He migrated towards father but was only satisfied when he had obtained mother.

Interrupted migration left continued depression and impulse to migrate.

Case No. 24. Marion P aged 15 years.

Complaints: Stealing, changing work, running from home.

Father: 45 years, is a small quiet man easily frightened into an uncontrolled state.

Mother: was 45 at her death almost 1 year ago of bronchial asthma. She was jolly but had no real contacts socially.

The patient is the youngest of three two year steps. Her brother was apprehended for theft and now leads a very gay life. Her sister is out every night on pleasure bent and leaves her job frequently after rows.

The home is materially reasonable but the life has become disorganised since the mother's death. On the whole the patient has been left in charge and has even been locked in so that she shall work. Her sister is unkind and the father suspects her of sexual misdemeanours.

. The patient is the only one who knows anything about herself prior to the mother's death. She enjoyed school and did well. Her Intelligence Quotient is 121. After her mother's death the added burdens of grief and housework made school seem not so nice. She attended night school voluntarily. Since leaving school she has alternated between housekeeping and unsuitable jobs being discharged from the latter for slowness. She left her last job because she thought that the girls were looking down on her and discussing her. She had been miserably slow here. At 13 years she found the menarche a shocking experience. Her periods are heavy and painful.

She used to be jolly and friendly but since her mother's death she has contracted her social sphere and developed ideas of reference thinking that everyone stared at her in mourning. Tasks became more difficult to perform and she evaded night school. She postponed going home and one night felt that she could not return to the house. She wandered and eventually at/

at the other end of town she met her milkman who said that she might refresh herself at his house. She stayed the night with his wife while the milkman firewatched and she was found by the Police on her wanderings again in the morning. This was in September. In November she was discharged from work where she had been slow, unhappy and convinced of the girls' discussions about her. She set out to go home but migrated instead to a place 8 miles away where she stayed with a woman friend of her mother. She disappeared on a homeward flight but went instead to a picture house. Her father and the Police who were searching these places saw her but she evaded them in the crowd only to be caught eventually by her brother in a state of acute terror lest her father repeat his belting.

At Christmas she swung into high spirits only to revert back to depression just afterwards. One night she returned in the small hours with grass about her. She said that she had fallen and she had been seen in male company. A few days later she wandered into Edinburgh appeared at the house of a friend saying that her people would not let her go home and she stayed for the night. She gave a fanciful story the next day to her father. A few days after this, following an unsatisfactory interview with me, she migrated a distance of about 9 miles into places unknown to her near the sea. She asked the Home Guard if she might stay the night as she had come from Alloa which is the home of her mother's people. A sentry took her to stay with his mother whence she was brought straight to me. I found her depressed with psychomotor retardation. She explained that on leaving me she had gone in the direction of the station but had been mindful of me and her mother. She wandered around strange streets and took four hours to reach a station which is a twenty minute tram journey away. She found that she had missed her last train and walked on.

Two days later she again left me, boarded the wrong trams, kept asking women for directions until finally a woman with a child and absent husband took her for the night. She was put on her way in the morning but migrated instead to me.

She was placed in a training home where she improved and five years later she was managing the home and a job in a children's hostel.

Note: Psychopathic inheritance and asthmatic inheritance.
Home broken by mother's death.
Severe and sudden mother deprivation aggravated by
girl's having to take mother's place over older children.
Migration associated with depression.
Wandering towards mother figures.
Adult type of depression.

Case No. 25 James T aged $13\frac{1}{2}$ years.

Complaints: Truancy and lying since the beginning of the war,
stealing and migrating recently.

Father: aged 33 years, was a brewery carter before the war but
has been in the navy since. He is introverted and a
heavy/

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stealing and migrating recently.

Father: aged 33 years, was a brewery carter before the war but
has been in the navy since. He is introverted and a
heavy/

heavy drinker, preferring men's company. His father was killed when he was 7 years old. His sister had an anxious depression requiring in patient care.

Mother: is a few months older. She is reactive, bad tempered, priggish, lying and deceitful. She is one of six, one of whom died accidentally, one has stomach trouble, the child of another is in the hands of the Police and the fourth sibling died in infancy.

The patient was preceded by a stillbirth and a spina bifida. The three younger girls were followed by a stillbirth and spina bifida. All the dead children were males.

The home is concretely comfortable but broken by temperamental clashes and for a year by the father's absence at sea. Mother has missed her husband and has become very uncontrolled. She has been out to part time work since 1939.

The baby was born normally but the mother was so restless and depressed that breast feeding could continue for three months only. His infancy was normal but he was only a year old when his sister was born. His development was slightly retarded and his intellectual disability became more obvious at school. Three years ago he was evacuated to the country with all except father for 8 months. The children enjoyed it but mother missed her husband. On returning home he began to lie and play truant. He was sent to the secondary school though intellectually unfit (Intelligence Quotient 78) and shortly afterwards his father went to sea. He hates school and plays truant frequently, riding on tramcars, walking along streets of his normal habitat. He has often thought that he saw father walking in front and he hopes that the war will finish soon so that father will come home.

He is solitary but makes quick superficial contact. He is fond of animals, full of fears, exhibitionistic and tender hearted. He is readily reduced to panic.

He showed an underlying depressive tendency and had a rich phantasy life. As his thought content was beyond his measured intelligence we thought that emotional factors partly invalidated the test.

In Autumn after his father's departure he had cried much and his behaviour deteriorated. He stole two pounds from a neighbour's house, gave a little to a "poor" boy and with the rest he migrated to his country billet but returned.

He puts himself in plights evoking sympathy and has truanted frequently. In his father's leave he has stayed out late so that father has to seek him.

In early Spring just before father returned to his ship he failed to return from school and wandered widely around Edinburgh through the night. He visited a railway and spoke to "shunters". The wandering continued next day and he stole a bicycle to "get away quicker" on which he was found by the father alongside a canal. He was filthy, hungry and nearly dropping with tiredness so that he slept for 15 hours after this episode/

episode.

Just after this he ran away from his mother on his way to the hospital where he thought that he would have a head operation and consequently die. He played on back greens and shelters vaguely remembered. He filled a big pool with stones to prevent anyone falling in and getting drowned. He wandered round streets thinking of his father coming home and began to feel better. He avoided policemen. He wanted to sleep but did not want to go in anywhere and be shut in. He walked through the night and the next day. He was allowed to help a laundryman on his van round and was given money. He remembered placed vaguely and talked about the Waverley Station near Saughton (jail) although actually they are much apart. He continued all day with the van and then wandered to a street notorious for its prostitutes and ate in a milk bar. He was found later by the Police some 3 miles from this point and he was glad.

He adjusted after 2 years and is now living successfully at home where his father has returned.

Note: Psychopathic inheritance with depressive traits on father's side.

Poor survival rate of present family.

History of father's broken home.

Home broken temperamentally and by absence of father in evacuation time and later.

Mother deprivation.

Migrating in depression with ideas of death. Father is the loved object to whom he wanders.

Case No. 26 Thomas W..... aged 13 years.

Complaints: Wandering from home

Father: aged 38 was a property agent but since the war he has been a food inspector travelling around. He is an impulsive, irritable, childish man with a violent temper. He suffers from depressive bouts and had a severe attack 7 years ago. His tremor, mentioned below was found to be psychoneurotic. One of his three siblings was stillborn. The others are highly excitable.

Mother is 2 years older, a highly reactive immature woman with no insight. She is fatuous and suffers from migraine. Her father was asthmatic. One of her siblings died of meningitis.

The patient is the elder of two. His sister is described as very cheery.

The home of commodious and comfortable materially, but there are frequent rows due to father's irritability. Mother never confides in father and has often thought of running away by herself. She is unfaithful in speech to him.

In spite of maternal premonition of disaster the pregnancy and birth were normal. Because of the mother's poor/

poor feeding powers breast feeding was stopped after three months. The baby requires a comforter but otherwise development was normal and happy although he was occasionally enuretic until 4 years and rarely until 12 years. He enjoyed school and had a good performance but last term he was very anxious about his examinations. He has missed his tests through neurotic illness this term and frequent stomach pains and migrainous headaches have caused him to be absent often.

Last Autumn he is said to have misjudged a branch of a tree and to have fallen to the ground. He was unconscious for a very short time but no cranial examination was made then.

He is particular and polite, has many superficial contacts, is honest, open, excitable, and usually happy. He was exhibitionistic when younger.

In the Spring the father was directed into hospital for investigation of a tremor of his hands. Just before he departed he harangued everyone so that they cried. The boy ran from the room, wrote a note saying that this was the last that the father would see of his "loving? son" and he departed from the house. He evaded relatives in the street, visited and ran away from the house of another relative and was eventually found in the small hours by his searching mother on a bench in an open space opposite the house.

Two days later although it meant missing his favourite lesson, swimming, he returned home saying that he was too tired to continue at school. He was afraid that something would happen if he went swimming. He persuaded his mother to take him out with her.

On the next day instead of going to school he played on his bicycle. As the father was to go into hospital on the following day the mother took him out for pleasure. In the evening the boy went out as to a friend. When night came on the worried mother found a farewell note from "T.S.Wilson" hinting that he had been forced to go away and that this force was stronger than the police force. The note tried to reassure her and contained love for herself and his sister. In a postscript he hoped that father would recover. He went to his sister's school and climbed to the top of blankets in a gallery set aside as a rest centre for blitzed cases! He thought that it was a dream, that he would awaken in his own bed. He remained over the week end using such facilities as he found in the cookery room. On Monday he looked down on an assembly of girls and teachers from his blanket height as if he "were far away" or "like God in Heaven". He was later discovered in a search for water. The blanket gallery had been a forgotten place to everyone in the school for it had never been needed for war purposes.

The mother refused treatment for the boy who left school and went to work. After 2 years he was trying to leave work to return to school for a technical education.

Note: Severely neurotic almost psychopathic father with a depressive history. Migrainous mother. Home broken by father's work and by temperamental clashes. The imminent departure of father to hospital precipitated/

precipitated migration.

Mother deprivation due to her inadequacy and attention to husband.

Possibility of epilepsy in the boy.

Migration associated with depression, Spring and the thought of mother.

Compulsive nature of migration.

Wandering far, not so much in actuality as psychologically into a dream state up to heaven.

Death feelings and fears of drowning.

Case No. 27. The family of A.....

The eldest member of the present generation is a life long friend and is qualified as an expert witness.

Father's inheritance:

1st Recorded Generation:
.....

Father I. A skilled craftsman with an early army career in which he had wandered. A difficult, moody, impulsive man, selfish and mean with an interest in the occult and macabre. He was highly intelligent with a certain amount of practical inventive ability. He disappeared after his wife's death and was never traced.

Mother was a quiet, sweet person, insignificant and extremely submissive. She died at about 52 years of age.

The home was removed suddenly from moderate affluence by father taking himself from his job in peak. The home was removed to a far distance and was relatively poor partly owing to the father's mean attitude to the household. He illtreated his wife and broke the home by his outbursts. There were five children of this union.

2nd Recorded Generation:
.....

1. Female, is a congenital cripple with probably a dislocation of both hips. She belongs to an abnormal religious sect and has had two illegitimate children neither of whom survived beyond infancy.
2. Male, stammers, follows a roving occupation and is married but has no children.
3. Female, irritable, neurotic, who in a depressed bout sustained an accident leading to amputation of a leg. She is married and has one girl who is on the stage and shows strong homosexual tendencies.
4. Male, untraceable and thought to be unmarried.
5. Father II. A verger with strong religious and musical trends. He was exhibitionistic in youth but is now quiet, conscientious, personally reticent but easily sociable and a respected favourite. He migrated from home in boyhood, lived in terror of his father and in one of his migrations/

migrations slept in a dustbin so that his father should not find him. He suffered from a autumnal depression for many years which never interfered with his work.

Mother's inheritance:

1st Recorded Generation:
.....

Father was a printer, highly respected with strong religious tendencies. He was viciously strict and very rigid.

Mother I, an industrious, house proud woman who was not above lying. She stressed cleanliness. She nursed cases in their homes and had not much time for fussing over her children.

The home was financially poor and there was some overcrowding but there was garden freedom. There were clashes over the upbringing of the children and the mother would lie to protect them from the father's hand. She hid them under her skirts and they heard the lies and altercations. Of this union there were 11 children.

2nd Recorded Generation:
.....

One of this generation was a "black sheep" who lived in poverty, drank, and may have associated with women. His children had poor health but no lasting trace was kept of them. All the other siblings scattered even as far as America.

Mother II, was a highly intelligent, adventurous person with artistic and inventive strains. She was not above petty theft in her latter days and had at one time taken drink excessively. She had periods of depression and although popular was accredited as a moody person. People in trouble sought her and she was conscientious in her work. At the age of 16 years she migrated about 200 miles to London where she obtained work in service. After her husband's death she wandered towards a large pond famous for suicides. She felt lost and went on walking until she heard her husband's voice reassuring her.

Father was a coachman, a hard drinking, quiet, asocial man, with a passion for horses and dogs. He died young of "galloping consumption." His two siblings married but died of cancers in their fifties and seventies and left no children.

The home was poor but excessively clean. The father and mother were devoted to each other in drink but would quarrel out of it. The child was left alone in the house while her parents went out at night. When the child was 7 years old her father died and her mother went to work as a housekeeper so that the child was fostered and sometimes did not see her mother for months. Of the above union there was only one living child, mother III although there were four conceptions two either miscarrying or being stillborn and one dying of convulsions in the first month. Of three known unions at this level only four children survived/

survived.

3rd Recorded Generation:
.....

Mother III, is a hysterical woman who cannot remain responsible for any of her thoughts but must share the burden with someone. She is childish and suffers from depressions. She is extremely uncontrolled in behaviour but was formerly endearing through her naivete. As a child she migrated miserably from a cruel foster mother, during the first world war she was unfaithful to her husband and after a removal of house and separation from her mother she had frequent hysterical outbursts ending in wandering states when her husband had to search for her. About this time she had three miscarriages and was generally difficult and depressed. She had another milder bout after the birth of her fourth child. She has threatened on several occasions to commit suicide.

Mother III married Father II.

The home was poor, overcrowded and very untidy. The children however were neatly cleanly kept. The father was absent during world war I on the early life of the first two children but the friend can recall emotional scenes between her father and mother from a very early age before her father's departure. No affection was given by the mother to the children who reserved demonstration for her husband both good and bad. The home life was punctured by rows, strife and the mother's flights. Mother II lived intermittently with her daughter's family and was an accessory mother for her grandchildren. Of the union is:

1. Informant, a professional woman who has had bouts of depression in one of which she attempted suicide. She is interested in pathology, the occult and the macabre. She is ill at ease with men and will probably not marry. She is almost ^{beyond} the child bearing period. She has travelled a great deal, was very interested in travel literature, is artistic and inventive. Her physical health is not good and her various physical systems are deteriorating quickly. In adolescence she wandered but has never migrated.
2. Female, an inadequate, quiet, shy musician who helped at home until she married a man with a deformity. They will not have children. She had a neurotic depression in adolescence and from choice keeps herself at the lowest level of subsistence. She has put herself in the way of death on several occasions.
3. Female, had a congenital deformity and died in toddlerhood of an acute infection.
4. Male, an inadequate who can settle at nothing. He is never at home and his whereabouts are often unknown apart from his duty hours. He keeps jobs for about a year and then changes even the type of work. He drank excessively in late adolescence. He has put himself in the way of death on several occasions and once severely injured and so crippled a leg. It has been suggested that he may not/

not be able to produce children.

5. Female, a charming highly nervous pretty person, artistic but lacking in application. She associates with females half her own age and shows no interest in the opposite sex. She will scarcely go out without her mother or an older sister, yet she is of more than average intelligence.

Thus it would seem very possible that there will be no grandchildren to this last union and also probable that the father's side will die out. The mother's side will also die out from the Mother II union but the Mother I union may have progeny in the untraced branches.

Case No. 28. Alistair C..... aged $5\frac{1}{2}$ years.

Complaints: Impulsive acts such as leaping into the sea, Absentmindedness and wandering from home or from mother.

Father: aged 54, is a railway engine driver still in Ceylon where he has been for 18 years. He is a nervous man who has been very ill with dysentery and malaria and now suffers from broken health. He is moody and inclined to be irritable when not working. He cannot settle in the house and dislikes being home on leave.

Mother: aged 52, has always been highly strung. As a young child she had a short episode of migrating in which she took another girl with her to a maternal aunt. At present she is suffering from a moderate involuntional depression. The menopause occurred three years ago but recently bleeding has begun again. She is very anxious about herself and fears that she will have to have an operation. She is one of eight only three of whom are still living, two died or rits in infancy. A nephew also died of epilepsy.

Siblings 1. James, 23 years old, is a Flight Sergeant Air Gunner who departed from home three years ago in November. He is very wilful has taken to drink and is having trouble with women. He gave his parents much trouble at 16 years on account of his wild behaviour.

2. Irene, aged 21, a Corporal in the W.A.A.F.S., a sensitive but well disciplined girl who has done very well. She left home in March 2 years ago.

3. Patient.

The pregnancy was discovered when father and mother were on their last furlough. Both parents viewed it as a calamity and the mother became anxiously depressed. The baby was born at home in August three months after the father had returned to Ceylon. The baby was born before the Doctor's arrival and the mother was extremely depressed after the birth missing her husband especially.

The child was breast fed for 6 weeks but as he cried excessively/

excessively he was changed to bottle feeding on which he thrived happily. He was weaned at 10 months without difficulty but from 9 months he was chesty and fretful as he cut each tooth. He walked at 18 months and began saying words just after he was a year old but his speech is not very stabilised yet. Even as a baby he was restless and as a toddler he suffered much from chestiness and colds. At the age of 3 he began to wander and gradually throughout the toddler stage he grew more excitable, restless and impulsive.

He went to Leith Academy just before his 5th birthday. He was very keen to go to school and claims still to like it yet on the way he will play and forget all about going to school. There have been complaints from his teachers about his wilfulness. He fights a great deal does not attend in class and sometimes will not know things that he has known well before.

Besides frequent colds and bouts of bronchitis he has had whooping cough and measles. With these illnesses he tends to be light headed for a night.

He is a lone bird who cannot mix with other children. After the initial contact the other children fight him. He is extremely sensitive to criticism but forgets quickly. He is restless, impulsive and destructive. He rushes round with guns and planes but does not seem to have any purpose in his play. He has had frequent nightmares especially after visits from a child of mother's friend. He once walked in his sleep. His appetite varied but his bowels are regular and he is clean in his personal habits. He tells lies to save himself but he has also a large fantasy life. He invents extraordinary adventures and romances about his father. He is very vain and spends a long time in front of the looking glass admiring himself. He shows off in company. He takes sudden notions into his head and darts away to do them.

The home is good middle class with a garden back and front, both house and garden being well kept by mother who works hard. Alistair and she sleep in the same bedroom in different beds. Mother is very lonely for she misses her husband who is in Ceylon. Her son left the house when the patient was 3, her daughter when he was $3\frac{1}{2}$ and Alistair himself is away at school in the day. The mother's condition is very bad. He is lonely and depressed, pre-occupied with her own emotional difficulties arising out of the menopause and she cannot be bothered with Alistair. She spends day and night wanting her husband's return and wishing that Alistair could go away. She laments that she has no one of her own to talk to and she readily welcomes any chance to talk of herself and her troubles. She hates being alone in the house with Alistair.

At the age of 3 just after his brother was called up Alistair came out of his cot out of the front door and wandered up the road. Thereafter he was always wandering. He wandered out of the house, stayed out playing until "all hours", neglecting his bodily needs and remaining away until found by his mother. He wanders often in the direction of Leith or Portobello and a month ago reached the promenade when a man's hat blew into the sea. The child took off some of his clothes very rapidly and jumped into the sea. He was rescued from drowning/

drowning by a passing sailor and required artificial respiration. The episode was reported in the newspaper. A week before he came to me when walking through the Cowgate he slipped away from his mother and was eventually found on Leith Links where he had been playing for hours. He was exceedingly dirty and smelly and had had nothing to eat.

He has become very excitable and destructive breaking things suddenly. He hits smaller children and teases them. He will rise suddenly, get out of his tram and board another. He lacks concentration at work and at play. He never seems to enjoy anything and seems to be full of purposeless activity.

His thought content is all of his father. He romances about his father and finds him in any group of men.

On examination he proved to be a thin little boy of slight build and with a pale face but there was no definite physical abnormality.

He was very serious but showed no awe of me and talked readily but without friendliness or enjoyment. He was highly distractible. He said that he preferred girls to boys and reading books to writing. He misused words and had a more baby construction than would be expected for his age.

"My Daddy's in the house. He's left all by himself. He's an engine man. He's young about 11 years old." (I have since learnt that he has a boy cousin of 11 years whom he obeys and whom he invokes in games as other boys invoke their fathers).

Later he said "My Daddy's in Ceylon. He hasn't seen me for a long time. My Mummy's all alone. My Daddy's coming home next year. I go on the beach and look for him. You can see the ships and he's coming home on a ship. When I see a Bomb drop in the sea I say that's my Daday firing his gun. I don't think my Daddy will come when I play in the street. I have to go to the beach to see him come. My Daddy's got red hair. He likes me. He kisses me goodnight. He goes for walks with me and takes me down on the beach and says 'That's where I go on a big ship.' He's got six guns and a battleship and he's big."

Of the Cowgate incident he said "I didn't want to leave my Mummy. I was walking in the Cowgate and then I couldn't see my Mummy and I was lost and I didn't know where I was and I didn't like it and I went to a football match."

Once in his wanderings he went and had his hair cut.

In the vaccination scare he wandered into a clinic and got himself vaccinated.

At first in the playroom his play was chaotic. He jumped from one task to another and never finished any, had to micturate frequently and urgently but seemed generally pre-occupied with journeying things all moving fast and crashing. He insisted on my seeing everything and showed off to me. His first concentrated effort was a zoo out of which his Daddy flew in an aeroplane to come to him. Over and over again eventually he/

he played a game in which he went walking to meet Daddy. Daddy came in a big train to a big ship which nearly got sunk and sometimes did but Daddy swam to an aeroplane which either crashed or landed at Leith. The actual meeting was always so exciting that the boy had to interrupt his play to micturate or to draw bombing planes on the board. The finale of the play was Mummy and Daddy walking along the street and the little boy was left behind. The little boy had an accident so that Mummy and Daddy ran back to see what had happened.

The boy improved under this treatment, grew rested and better able to concentrate. He was happy and more friendly. His mother's condition, however, did not improve and she took boarders into her house for company. The work entailed interfered further with her care of Alistair and she was unable to bring him for treatment.

At the beginning of the next year the brother was married. In March the mother was told that she would require an operation and that her daughter needed an appendicectomy. She had not heard from her husband and all these factors took her attention from Alistair who went back to his former activities and again was restless and depressed. He made a mined area near a hospital crashed aeroplanes, men and ambulances therein and buries everything because it was dead. He seemed hopeless burying even that which should have helped him in disaster. He was preoccupied with himself, put his own image to bed and blew the trumpet of doom over himself. He made a picture of a lone ship being bombed to destruction and all and sea turning to steam and burning everything up.

I did not see him again until July when he was $6\frac{1}{2}$. It was obvious that the mother's condition was much worse for she was running distractedly round Edinburgh for help trying the Education Child Guidance Clinic, two Branches of the Council of Social Service, the Military Police, the Cowgate Dispensary and the Children's Hospital, all of whom sent her back to me. She had had an operation for fibroids and had had much difficulty in obtaining a compassionate posting for her daughter. In the interval between her going into hospital and the daughter's return home (10 days) the boy was left in the care of two lodgers who were out working daily until 5.30 p.m. He remained in a daze and migrated daily so that he had to be searched for on Portobello sands every night. Sometimes he appeared to have spent the whole day in tramcars. He ate only breakfast and supper for 10 days and was extremely disturbed in his sleep. The mother was in a shocking state. She was severely depressed and wished she were out of it. She was suicidal, afraid to be left alone and incapable of managing Alistair. She had been fetched by the police after a week of convalescence in order that her daughter should return to her Unit.

The boy had not been much better since the mother came out of hospital. He slipped out of the house at dinner time and was found by the Police in Musselburgh at midnight. He will steal out of his bed and go to the pictures, although he never has money to pay. One night when his mother had gone for a short walk thinking that he was asleep he had stolen from his bed and was found by the Police sleeping on the ground in Princes Street Gardens.

He/

He was admitted to Jordanburn Nerve Hospital and we negotiated a three months temporary release for the sister.

In Hospital we were able to confirm that this boy was by nature quiet and sensitive. He was solitary preferring to play with cats at the bottom of the garden to mixing with the other boys. He called out all the teasing in the other boys who would even make his cry. He was quite incapable of standing up for himself and would run either to a large cupboard where he was given his meals and watched by the nurses or down to the bottom of the garden. He quickly settled down and made no attempt to run away.

In the playroom, he bombed little girls and said "Don't cry, girlie, you're not dead yet." He undressed the girl dolls and was extremely interested in their clothes. He turned his back on me as he inspected their bodies. He flung them away and turned to his own image saying "He's going to bed because he was a bad boy." He ran out. He went out of the house. He was going to the Beach but his mother stopped him. Maybe there was a parade on the Beach." He bombed the boys house and killed his mother, destroying the house. "When he comes back his mother is dead and his house is gone."

He took another image of himself and made it dive into water saying "He's drowning. He doesn't want to live - now he wants to live. I want to get up! I want to get up! He can't get up. He's drowning! Now he's lying on the water. He's dead. Where's the policeman?" He acted the policeman saying "That sure is a bad boy. I sure fetch the ambulance." The ambulance came but left the boy. Ships and submarines came to try to rescue him. He was pulled out of the sea but fell back in again only to be re-rescued. "He's getting away from the Beach now. He's only paddling. He's all right now."

At first it was found that he was very impulsive and restless but that he was quieter amongst women and most at peace in the cupboard. He did not seem to enjoy anything at first and was lost. In the playroom he got worried, excited, dazed or noisy and only towards the end of his stay was he happy.

He had a signature tune which he sang to himself as he worked in the playroom or when playing alone. This tune was a meaningless collection of notes which made a plaintive sound. This tune remained the same until he was discharged from Hospital and then it acquired a variation.

Over and over he played the same formula. Men were drowned, the super-ego was annihilated and all hope of help destroyed. The men or the boy were caught into a prison - a prison ship, a submarine, coffin, after a trumpet was sounded or a siren blown. Everything was black - black sea, black ship, black prisons. The super-ego would always take a long time to die! The boy eventually would rescue the people by means of hospital and nurses. Gradually he introduced a journey e.g. a ship would set off for America and then the usual chain of events followed.

He interpolated a play of undressing mother and a baby doll, getting very excited over the removal of the mother's clothes/

clothes. He had a good baby and a bad baby. The latter was flung out of bed but the good baby was left in bed and he said very tenderly "The baby's saying 'Oh Mummy hurry up and come' She's not frightened. Her Mummy's coming. Mummy will cuddle her up and make her go to sleep. Here she comes. Here she comes baby. There! Daddy's working. He comes in late. Mummy wants Daddy to come to bed because its 9 o'clock and all the trains is in. There's not room for Daddy and Mummy and the baby - Oh yes there is!" He had flung the bad baby into the cot. He picked it up and said "Rock, rock, rock, The wee baby's to go in the cot. What a shame." He did all the household chores but got involved in the bed and left it saying "Some other woman must do the bed."

This would seem to be the expression of the wishes of the whole family - that father should return to Mother's bed, that there would be room for him, that he should return to a good baby stage and be a girl, that the mother should keep away fear and bring comfort. On 2 - 3 occasions he has expressed this wish to be a girl which is not surprising considering the difficulty he has in being a boy amongst boys.

He began to build up more and knock down less, restoring all at the end. After minor episodes in the hospital he would have suicidal plays which would involve myself. He made me run along the promenade and fall over a cliff. "The Doctor said she was going to end it." He elaborated this theory by making me continue my suicidal dive to rescue drowned soldiers. This is very like his own drowning episode in which he jumped off the promenade into the sea and after he had been rescued he said that he went to get the man's hat. After three months he would say that he went to save the dog who had gone after the man's hat.

By the end of August he had forgotten about journeys and was enjoying himself. His sister had an operation for appendicitis which worried his mother, who had been recovering and there was a temporary return to death and disaster feeling in the boy but this went quickly. He began to ask to go home and his mother for the first time was anxious to have him. He was discharged and the following arrangements made:

- 1) He should go to a special school with smaller classes and more supervision.
- 2) Continue attendance as out-patient.
- 3) Sister to have extension of leave.

The mother is now cheerful, less anxious, and more able to cope with the situation. She appreciates the company of her daughter.

The boy is happy, attending school regularly and doing well. His Intelligence Quotient is 85.

Analysis:

Inheritance of sensitivity, moodiness, a tendency to wander (in both father and mother - father's is not to good purpose).

The child was conceived at end of the child bearing period/

period and after a period of ill health in father.

From conception he had been expelled completely from the mother's affections and interest. The connection was physical only. She had failed to satisfy his emotional needs. She was too immersed in her own troubles. The absent father took her attention so that at first the boy wandered towards him. Later it became obvious that he only wished for the return of father in order that the boy might have mother.

Each departure from the house took more of the mother away from the boy. He went deeper into depression which he expressed chiefly in wanderings with concomitants of depression, disturbed sleep, lack of concentration, failure to enjoy. The wanderings were symbolic of death - catastrophe, death, imprisonment or a return to the womb. More consciously the boy wished to be a baby that his mother might comfort him.

This boy has never satisfied himself emotionally with his mother and therefore has remained strikingly immature emotionally, behaving like a baby and unable to contact his contemporaries.

Case No. 29. Marie T..... age 14 ⁵/₁₂ of South Shields, England.

Complaints: Wandering and depression with suicidal intentions.

Father: aged 35 is now a driver on the northern 'buses which have a wide range. He was discharged from the R.A.F. with duodenal ulcers. He was a temperamental man who has stabilised recently and has remarried.

Mother was married at the age of 15 years. She had bouts of depression and committed suicide by poisoning herself at the age of 21. She was very moody. Her mother died of kidney disease at the age of 49 after life-long epilepsy. Her father had a reputation for immorality. Of her three sisters one died in infancy. Her brother is only 14 years old now. One of her cousins committed suicide by drowning.

The patient was an only child.

The mother and father were forced to marry and had to live with the maternal grandmother who supervised the mother. There were frequent rows and the father once threw the mother out of a taxi and broke her thumb. The father went to Egypt as chauffeur when the child was 2 ¹/₂ years old and returned when she was 5 years old. The last year of family life was fairly happy but the mother committed suicide when the child was 6 years old. The child stayed with her grandmother but the father's domicile varied until he took his child with him to a bungalow where he kept a housekeeper. Marie was then 9 years old. The father was chauffeur to a Doctor for whom his future second wife worked. The child was lonely but the concrete circumstances were good. When the child was 11 years old the father remarried while the child was away from home.

When/

When war broke out the ten year old child was evacuated to an inn with other school children. As most of them returned home she was moved to a farm in Kendal which was slightly nearer her own home and shortly after the remarriage she was fetched back to the bungalow to help in a shop acquired for the step-mother. She step-mother was kindly enough but at the shop all day. The patient helped in the evenings. She began to run away from home,

For the last 5 months she has lived with her grandparents, sleeping in the same bed as her 14 year old uncle and witnessing her grandmother's fits. The grandparents were very fond of her but latterly the grandmother was in bed and died 10 weeks before the girl came to Edinburgh.

This child has had therefore six different types of environment.

The pregnancy began before marriage when the mother was nearly 15 years old and nothing is known of the birth. Most of the care of the baby was left to the grandmother who herself had a child of the same age as the patient. The grandmother had been confined shortly before the mother. The mother had bouts of moodiness and depression and rows were frequent until the father left for Egypt when the child was $2\frac{1}{2}$. On his return $2\frac{1}{2}$ years later happiness came to the family and the child went to school. A year later the mother committed suicide and the patient was impressed by the anxiety and drama concerning the funeral although she did not know the details of the death. The girl had 5 changes of school but being above average in intelligence she was even considered for high school. She had been playing truant since returning from evacuation but scholarship had been made more difficult by the blitz which damaged the parents property and by the work in the shop in the evenings. She has done no work since leaving school but has lived and played at her grandmother's home.

She has suffered from tonsillitis, jaundice, measles and chicken pox.

Her periods began when she was 10 years old and she was much shocked although her grandmother had warned her. They are fairly heavy and long lasting and are accompanied by dysmenorrhoea. She has been associating with boys for more than a year, indulges in sexual talk, jokes and swear words. She has fainted in Church in the last 3 years.

On examination she proved to be the country bumpkin type with enormous legs and an appearance of pregnancy. She is an open confiding person, rather quiet and subdued, depressed at the first interview but normally quickly friendly and infectiously happy. She dreams vividly by day and by night. She enjoys frightening herself with ghost stories. She gave an excellent account of herself and judging from her scholastic performance was obviously above average intelligence yet she was so ingenuous as to appear simple. She fluctuated in allegiance and ambition but stabilised eventually at a mildly religious level. She described dull periods wherein she was sleepless at night and sleepy by day.

In late summer she had been refused permission by her step mother/

mother to attend a party and on the following day she felt she "wanted to do something and just had to go and do it." She left home and took a 'bus to Spennymoor where lives an aunt of her mother. She felt very sad on the way and was mindful of her mother whom she wished were here. She was glad to arrive at the aunt's and was kept overnight. Her father came for her next day.

Two months later she came out of school feeling that she would rather go anywhere than home. She wandered to the station and took the first train to depart which happened to be for Sunderland. She felt very happy on the journey and kept thinking that she would go to the pictures and then join "her." (her mother). She had some liquid bleach in her pocket and after going to the pictures, the title of which she could not remember, she stood in a shop doorway and drank the contents of the bottle. She felt funny afterwards. A woman who had observed the procedure called the Police who took her into custody, releasing her to her father the next day. She seems to have suffered no ill effects.

About 22nd December she set out again. She had been sad for a few days wishing that her father had not remarried and desiring to return to her grandmother. On the Sunday she set out for Ferry Hill (near Durham) by 'bus and was very miserable all the way. Her aunt cheered her quickly but was persuaded by the girl not to inform her people for 2 days. She was allowed to stay 12 days more before her step-mother could come for her. The step-mother was pleased to see her but took her to stay with her grandparents.

10 weeks ago her grandmother died after a kidney illness. The patient was very upset and states that her heart was broken. She did not want to stay in the house after her grandmother died and eventually could resist no longer the desire to go away and she wandered off 5 weeks ago towards a place where she had stayed during the evacuation scheme. She was excited and pleased as she set out on a train journey that took her nearly a day. She defervesced and wished she could have gone back. She had a very empty feeling. She called at her old billet and was given a meal but she did not stay for she told the lady that she was staying with a friend. She slept in the shed at her old school. She felt miserable and cried, wishing she were home with "grandad". She wandered about in the day, returning to the shed at night. She got one meal a day at each of her two billets there but did not feel very hungry. She helped clear this meal up and thus had an excuse for washing herself. She used the lavatory in the school yard. Although she was sad she liked being alone in the shed. She cannot give a detailed account of her thoughts but she remembers going over her childhood days when her mother was living and also thinking of what her folks would be likely to be doing at that time. As it was Easter time she remained undiscovered until she was picked up by the Police and was removed to Cole Dale Hall where she was kept for two days until she could be sent to St. Andrews Home.

She arrived with only the clothes that she wore and a small tin of rat poison which she had kept secreted about her person. She maintains that she had taken some of it when wandering/



wandering around the shed and that she had been violently sick.

Since coming to St. Andrews Home she has had a great desire to return home. Her grandfather is doing the housework that she did and this hurts her. She has seen her mother going through a door dressed in white. She has dreamed about her uncle - that he was looking for her on the road and crying for her and when he could not find her he went home heartbroken.

Yesterday she was happy and then suddenly her mind became a blur and she felt that she just had to do something or go crazy. She felt a great longing for water - she had been ironing and this makes her brood. She had a picture of her mother in one corner of her mind "just her face." She filled a bath with cold water and lay down in it. She felt cool but still had the picture of her mother in her mind. She put her head under as long as she could, allowed it to come up, felt choky and got frightened. She moaned, she maintains, but the Sister says that she called loudly for help and was found lying on her stomach in her knickers and vest and crying bitterly.

She says that her mother's face has remained with her but is fading today.

Marie was not aware of the nature of her mother's death until 1 year ago when on examining the contents of her father's wallet in adolescent curiosity she came across a newspaper report which she recalls sensationally as, "Married at 15 girl-mother commits suicide." This find seems to have been the key point to this hysterical highly suggestible girl.

She did well at the home after a preliminary misdemeanour in which she gave in to the request of other girls to let them in after they had run out without permission. However, she readily responded to gratification of pleasing higher authority and was encouraged to enter into the religious practices of the community. She remained easily friendly but became more stable at a slightly hypomanic phase and had no further return of depression. She elected to stay longer in the protected atmosphere but had reached a position of trust. Always when other girls went away she developed a strong desire to go too but she could be quickly turned by our wanting her to stay and her desire to please us. She had a great desire to be wanted and was easily flattered by gratification of this desire.

Periodically she dreamed about falling, walking along cliff tops, dropping her knitting and going after it. She dreamed of a baby who was dying and her own mother told her to kiss the child thrice and bid it goodbye. She dreamed of her grandmother being alive again but being thin, and this frightened her. These dreams of the potency of the dead and of the dead coming alive and of her ability to make new life came in the period of recovery from the last suicidal attempt. On the surface she recovered quickly but it was obvious from her dream life that she still was troubled by death and her grandmother and mother.

Note: the psychopathic inheritance with the history of maternal depressions and suicide, the indirect epileptic inheritance and collateral suicide. Father followed/

followed a wandering occupation.

The child was deprived of her mother because of the latter's immaturity, emotional instability and death. She was abstracted from the mother substitute, had a succession of mother figures and finally was brought home not to be helped but to help.

The home was broken by the parental clashes, the father's work and departure, by evacuation and again by father's work.

The menarche was early and there was an accompanying increase in size.

The migrations occurred on the whole at times of depression but once just after a supremely happy phase. There was some evidence of compulsion.

When begun the depression is obvious and has led to 3 suicidal attempts. After an artificial migration there was again a suicidal attempt. Throughout dreams and phantasy there is the death theme. The dead mother is the loved object but she is also called by her grandmother and boy-uncle.

Case 30. Wilma M aged 15 years.

- Complaints:
1. Lying in great amount so that no-one can believe a word she says.
 2. Secretive.
 3. Truanting from work.
 4. Emotional instability. No control over her temper.
 5. "Borrowing" property of mother and older sister (even engagement ring) without permission.
 6. Promiscuous association with the opposite sex.
 7. Wandering from home.
- Noticed since end of evacuation.

Father: aged 38. Labourer. Had been unemployed for some time before the war. During this time he took over the bathing of the children and various domestic duties. He would wander about the town with the patient and take her on walks without a definite destination to see where they would go. He is said to be like patient. He is moody. Heavy smoker. He used to drink to excess in his youth but he now drinks rarely. He is not an easy man but his wife manages him. He is reputed to have wandered from home in boyhood and was away one week. He volunteered for the army and departed from home in March, 1941. He was a Corporal but in a temper he handed back his stripes. These were returned to him later and he has become a sergeant.

Father's father was a lot of trouble as a boy - wandering and stealing. He was pushed out to South Africa as an engineer, liked it, stayed out, but his wife had to return with the children when patient's father was 10 years old. He was killed in a steam pipe burst. He had been one of a large family of whom one ran away to sea, one ran away to the army, but he had been counted the/

the black sheep of the family. There were several stillbirths.

Father wandered six times in 5 years during adolescence. He went 42 miles in one day (walking) from about 7 a.m. to 11 p.m. He begged food and would stop to wash in running water. He used to think of his mother on these journeys and never of his father. He would sleep on the ground. Spring still makes him want to go off.

Siblings: One of five.

1 brother a quiet fellow in the Air Force and was a Cub Master. Will have nothing to do with woman and will leave room if one enters.

1 sister a Sunday-School Teacher and unmarried.

1 stillbirth.

1 lived a few hours.

Mother: aged 45 is a bundle of nerves. She had rheumatic fever three times and at the moment has a weak heart. Thin lipped but kindly. She is a hard worker when she is well. She is one of a family of 13 which is not very united.

1 killed in last war

1 died of rheumatic heart

1 died young of appendicitis

1 died as a baby.

Mother's mother died of pneumonia at 45.

Mother's father died of heart in old age.

Mother has married twice. Her first husband was ill during the pregnancy of his last child and died five weeks after her birth. Mother was very much in love with him and never speaks about him.

Siblings:

half:

Sheila, aged 25 in the A.T.S.

Maisie, aged 22. Married, rather neurotic. Had still born baby.

Full:

1. Patient.

2. David aged 14.

Scarlet fever as well as ordinary childish complaints. Mastoid operation. Run over by Car.

3. Myrtle - no trouble.

4. Ian - one of twins

aged 8 years. The other died at 3 months of pneumonia. This boy was always delicate but was better after the death of the twin. He has always been chesty.

Environment: They have not always lived in the same house which had four apartments. It is a well kept flat in a large tenement type of house in a quiet dignified street. They moved in 1940 from a lesser but prettier district. At weekends Wilma used to stay with her grandmother and aunt who made a great fuss of her. She slept with her young uncle until she was 10. The grandmother and aunt would also take her out during the week and for holidays. They bought most/

most of her clothes. This was disrupted by the evacuation during which time the aunt got married and produced another child for the grandmother to care for.

At home the house was very united but the parental positions were reversed. At first the father worked in a ironmongers shop belonging to a cousin who sold it above his head when Wilma was 6 or 7. He became unemployed and so the mother went out to work whilst the father stayed and did the housework. The father was out of work until the war. He singled out Wilma for preference and took her for walks to look at trees and birds. She was ashamed of him because everyone else's father was out at work except her chums who had a bad back and who had been dismissed from work for stealing, but everyone thought that he was off work on account of his physical disability.

Mother went working two weeks after the birth of the twins. The one she reared died. She still works. There is anxiety about her heart.

Maisie acted as mother to Wilma and would take her to the grandmother.

Evacuated to Balgowan, a beautiful big house surrounded by park land, when she was 12. Her mother kept contact, even physical contact during this time. She was sent with the other children and recalled by mother when the military took over the house and the dispersal of families was evident. She returned at 13 years.

She now sleeps with her mother as her father is away. The eldest half-sister is also away. Maisie sleeps with the younger sister Myrtle except when the husband comes home when Myrtle has to sleep in the boy's room.

Wilma gets on well with her married sister but is always fighting her younger brother who with the approval of mother has assumed the paternal role and under mother's direction even beats Wilma who is very resentful. Wilma adopts a maternal attitude to her younger sister. Maisie considers that the twin will be a problem child when he gets older. He is always chesty.

The younger members of the family haven't much time for Wilma.

Personal History: Pregnancy: Delighted. Very well. No worries. Birth: Full time. In Simpson Memorial Hospital, After a few hours labour there was a natural delivery. Normal presentation. Non traumatic. Weighed over 8 lbs. Breast-fed for a very short time. The milk left mother at the death of her first husband and she has never been able to feed her children since. The patient was fed on Nestles and thrived. Weaned at 8 months without difficulty. There were no feeding difficulties. Teeth at the normal time but she was a little chesty. Walked before one year and talked fairly early. Habits: trained easily so that she was clean early. Baby: She was no trouble. She was inclined to be chesty

with her teething but thrived. The mother became pregnant again/

again when patient was about 4 months old.

Toddler: Her reaction to her brother is not reported. She was a very attractive child and in toddlerhood became the pet of her grandmother as she was the first grandchild. She had a bad temper which has remained. She enjoyed the fuss made by the grandmother but remembers that she was always glad to get home and that she enjoyed her mother's hugs.

School: Broughton at 5 years. She had wanted to go and liked it all right. She took it as a matter of course and progressed in her lessons satisfactorily. During this period she was her father's favourite and also spent week-ends at her grandmothers. From 8 to 11 years she saw very little of her mother as the latter was working and Wilma, at school all day, was away for week-ends. She qualified before she was 12 and was evacuated to North Berwick High School which she liked. She was glad that she went to these schools. Other schools were "posh and stuck up." On her return her mother was working but at the beginning of 1943 she had to remain in bed with her heart and Wilma became very aggressive to the younger members of the family.

Situations: Leith Provident Store at the cash desk for 1 year. They moved her from her Department so she left.

Domestic situation in Balgreen but left very quickly after 3 months.

Laundry for 1 day. Didn't like it. She was frightened of getting her fingers burnt at the Calender.

Was supposed to go to Duncan's Chocolate Factory but never went as she did not want to work in a factory. She wants to be in a service and wear a uniform. She wants to sleep in but to be on her own.

Illnesses: Measles, Scarlet Fever, Whooping Cough and chicken pox.

Operations: Tonsillectomy at 4 years.

Accidents: While evacuated she had a fall from her bicycle and bruised her eye. She was temporarily unconscious.

Sex: Menarche at 11 years. There was a number of months between her first and second period. At the same time she began to get fat as her sister Maisie had done. Maisie is now slim again. The mother felt unable to broach the subject of periods to her but she does not appear to be much upset by periods. She has shown an extraordinary inclination for the opposite sex. A soldier asked her to write to him but her mother wrote saying that she was too young.

At 12 or 13 she went with a man whom she met at her uncle's garage. They went to the Pictures and on the Braids. He kissed her and returned to his ship at Portsmouth.

At 11 she went around with a boy of 13 but this met with disapproval.

Men often speak to her when she is out.

She professes to have done with boys and that she is going to wait until she is older. She is depressed because she does not think that they will find her attractive.

Her mother reports that she has received many letters from soldiers and that she has had many "dates." Wilma says that

the latter are lies made up to be like other girls stories of

of conquests.

Habits: She has become dirty in her habits. She used to leave her sanitary towels around. Even yet she stuffs her dirty linen into drawers and leaves them. Bowels are regular.

Appetite - too good.

She can be a very good worker and will scrub the house when she is reeling like it.

Was in the guides when evacuated and did well but belongs to no organisation here.

Very fond of walking even on her own.

Likes country life and open fields.

Steals her mother's and Maisie's clothes, jewellery and money.

Sometimes makes presents of it to her younger sister.

Enjoys reading.

Tends to be solitary in her habits.

Personality: Selfish, self-centred, vain, but can be quickly affectionate. Has always been moody with mood swings. Has always had a bad temper. Has never made successful social contacts. At school she made friends quickly but quarreled quickly. Now she tends to be solitary or to meet men or girls of bad character. She had a chum whose father was a thief but this connection was broken when they removed 3 years ago.

Examination: Pyknic type with gross legs and over-developed breasts. Very fat girl who looks about 18 years old. Untidy hair and dirty looking depressed face. Somewhat defiant, aggressive, attitude.

She spoke freely about her amours and talked of falling in love in a very superficial way.

She was highly critical of herself - "too fat", "I put on airs", "I tell lies", "I'm conceited." She tried to tell the truth but people did not trust her word so she just said the first thing that came into her head. She lied to evade trouble and also to look big. In the latter category she invented young men and dates. She recounted her thefts and guilt reeling that came afterwards. She stated that she had always been going to make good but had fallen back. She was very discouraged.

She gave accounts of hallucinatory experiences.

1. She had a reeling that someone was behind her chair. She had been left at the age of 9 years to look after the house while her mother and father were at the pictures. She was sitting at the fire.
2. When walking at Balgown and wishing that the war was over so that she could go home she saw a Thing a long way off and thought that it was her grandmother's father (a father in the line of her grandmother, which might be her own father).

She gave accounts of illusionary experiences.

She has seen soldiers in the distance and thought that they/

they were her father. This has occurred when she was out walking.

She gave a good account of herself and from it these facts were gleaned.

She had been attached to her father, went with him in many things, imitated his ways and interests. But she had a great desire for her mother, her mother's hugs, etc. She had a fear that her mother would leave her and this was aggravated by her mother's illness. She had always been jealous of her brother but she hated him more when he assumed the paternal role.

She has always disliked change. Her teeth made her react with chestiness. She was always glad to get home from her week-ends. She hated the change of house and neighbourhood. She did not seem to mind so much a change of school and work but even in the latter she had walked out because she objected to a change in department and she had disliked every change since.

She was ashamed of her father and felt keenly for him. She was also ashamed of herself and discouraged. She blamed herself for many things, the quarrels in the home, her mother's heart condition, etc. She was glad her father was away because it gave her mother a steady wage. The history of her present state seemed as follows:-

The first year of evacuation was all right. Her mother visited her and was affectionate, physical with ^{her} affection. After a time she novelty wore off and she began to feel depressed and bored. She would go off on her own for long walks, exploring the countryside, but she always went with permission and kept within bounds of time. She had been upset at the idea of the house-change which was made by mother in 1940. "We seemed to belong to that house." The father went away in 1941 and between the time of his departure and her home-coming she began to have illusions of her father when she was going on these walks. During this period she appropriated the pocket money of the younger siblings. She also went about with a 13 year old boy. She returned in 1941 to find a new home in a better class district, her father away, herself displaced in her grandmother's affections and her mother still working but not feeling very well. She began to lie and steal and her habits got worse.

She had interviews with soldiers so that her brother was put to watch her and this assumption of a parental role annoyed her.

She became more and more depressed by her increasing physical heaviness.

At Christmas her mother was in bed and she was much upset. She stole and mother threatened to chastise her but the girl rushed to the window and would have flung herself out had not mother caught her.

She flung herself out of a job at this time and at this time her sister had a monster which Wilma was allowed to see. Its intestines were out - no abdominal wall. Wilma cannot remember/

remember seeing this object. Just after this Wilma went to look after a baby but she could not settle in this job and wandered frequently to Princes' Street Gardens. She never felt hungry on these occasions and she told me that she could go for a whole day without food.

On a Wednesday in June she felt "fed up" and wandered from the house after leaving a note for her mother saying that she hoped that her mother would treat Myrtle differently and give her plenty of clothes and freedom. She went to the cinema but could not recall what she saw. She wandered to Inverleith Park, thence to Comely Bank and after that she was lost. She drifted on looking into other people's gardens not knowing where she was going. She walked on until she came to a street that she knew and made her way home but as it was after 11 p.m. she was afraid to enter. She arose early from her hard bed on the stairs because she could not sleep and wandered round Edinburgh but she can remember nothing of this period. She came home on Thursday at 10.30 p.m. having eaten nothing for two days because she was not hungry.

She went to work on Friday in a laundry but she did not like it. On Saturday she wandered to Inverleith Park and tried to read a book but she felt like kicking herself when she thought of her mother. She read half a page and turned over others but she could not concentrate for the thought of mother. She returned at the right time and gave her mother an account of her work. In the afternoon she went to the library and changed her book. She travelled on through the hot-houses in the Botanical Gardens although she prefers the open part. She stayed at home all the evening for she had no desire to be out or to speak to anyone. She repeated this performance on three other work days, varying the walks and on the last day when her walk had been through a distant park new to her, the mother's suspicions were roused and she sent the brother to make inquiries. The girl was beaten by the brother under maternal direction. The mother was then at home under medical supervision.

After a short time Wilma went to work in a baker's shop where she ate prodigiously of the stock that was left over and put on 6½ lbs. in a week. The wages she handed proudly to her mother for she herself thought that everything was better than money. She worked for two weeks and then had a bout or two days truancy which coincided with her period. She returned to work although her mother averred that she was growing lazy. Her father came home on leave. She seemed satisfied with the visit and was content to let her mother go out with him.

She continued to work but at the week-end when her period was due she again truanted. She walked in various parks and helped little boys to sail their boats. Her mother had restricted her activities outside and had forbidden the girl to go out on Sunday as a punishment for having truanted. However, she arose early on Sunday morning and, without breakfast, went out of the house "just for spite". She went to her aunt with whom she used to stay at the grandmother's house. Although the aunt was pleased to see her, Wilma did not enjoy herself. She played with her little girl cousin and pretended that she was the mother with her baby. She felt that she had to play with her cousin. She stayed until 9.15 p.m. and went home. Her mother made/

made no comment. Aggressively she stayed out late every night after this taking babies to the park and speaking to little boys. It was thought that she had been smoking too. Her mother had been working since just before Wilma's period had been due.

It was ten days late and began on Sunday. On Monday she worked normally but she did not sleep at night and had a raging tooth-ache about which she told no-one. She had much dysmenorrhoea and could not be bothered about herself.

On Tuesday she set out for work but did not arrive and remembered nothing of later events. Her mind remains blank for much of this week. She recalls vaguely that she went to the Botanical Gardens in the mornings and remembers an old blind woman who wanted Wilma to lead her to the top of a hill and describe the view to her. She went once to the cinema but cannot recall the picture except that it was meant to be funny. She did not want to talk and did not like people addressing her. The dysmenorrhoea stopped on Wednesday.

On Thursday she stayed out so very late that mother was cross and told her that if she wore her new coat she need not return home. On Friday she slipped home in her mother's absence and from her mother's drawer took her new short coat in which she went to her grandmother's house after drifting for a long time in that vicinity. She told her grandmother "a lot of lies" and said that her mother had turned her out. The grandmother allowed her to stay the night as she could not be put out into the street. She wandered round Edinburgh on Saturday and thinks that she covered every district for she did not stop. She thought of me but was "too cowardly" to come to me. She spent the night again with her grandmother. She had returned to her childish pattern of life. The grandmother threatened trouble if she did not return to her home on Sunday. Many men had spoken to her at night but she had not responded. Her main recollection of this week was walking. She called herself empty of thought and reeling.

On Sunday she again walked around and finally arrived home looking quite demented. She had had nothing to eat all day and her period was still with her but she had made no provision after the first towel which was in a horrible state. Her body was filthy. I saw her on the next day looking very ill. She was depressed in manner and called herself "red up". She had an alveolar abscess.

During the time that she was away from home the mother had written me three letters saying that she could not sleep for thinking of Wilma and that her thoughts flew always to Wilma.

We arranged for her to go into a training home where, after a period of depression she recovered and began to take an intense interest in religion following her father's Anglican creed and not her mother's presbyterianism in which Wilma had been reared.

After six months, in the Spring Wilma insisted on accompanying her mother home. She continued to attend for training in the day and worked well. She had one or two mild truancies/

truanting turns, one in the Autumn of 1944 and one in the Spring of 1945, but she returned to work. She became slim and very pretty.

Afterwards we found that Wilma had gone home because she had heard that her sister was having a baby and they were worried about her health. The first truanting bout occurred at the birth of the baby.

In Spring, 1946, Wilma wrote in the depths of depression saying that I was the only one to whom she could turn. She had hoped to be married to her boyfriend (she is 17) but they had had a quarrel and had broken it off.

Just as I write I learn that Wilma's father has been demobbed and is working in the same factory as herself. He went there in October, 1945 and she had just left laundry work to join him. She had changed her job over 1 year ago leaving the home to go to an outside laundry. She has told her fiancé of her troubles and I think that this was the cause of the disturbance in earlier months of the year. They are now making adequate plans for marriage. Her letter mentions everyone but her mother.

In this case one is struck by the family history. The grandfather was a wandering psychopath in a family where others ran away from home. The father's home life was broken during adolescence for his mother had returned to this country while her husband remained in South Africa, until his death in an accident.

The second generation reacted by wandering in adolescence in a state of depression without care for himself and without plan or planned destination. He would sleep on the ground and think of his mother. He is still a moody man, suffering from a depression in the Spring with a desire to wander.

The patient's home life was broken by the war and it is interesting to note that her abnormalities did not begin when she was separated from her own home but when her father became separated by war service from the mother even although the patient was away at the time and could not feel the full effects.

The father's siblings all show some abnormality: two failed to survive their infancy, the sister is a difficult, moody, reserved person interested in religion. The brother is interested in boys only and is terrified of woman even going away from them in a room and the patient's father himself has been a poor man. Even his wife says that he should have been a housekeeper.

The mother's side shows a tendency to heart and chest troubles and has not a long life. They are hardworking women who choose weak husbands.

There is then a strong psychopathic inheritance more from the father's side than the mother's.

The/

The home was originally a united one although the parental roles were reversed. It is interesting that the two children of the first marriage showed no tendency to wander although their home was broken.

A marked life pattern was imposed on this child in her early life of going away from home for the week ends.

This child suffered from a mother deprivation. She was ousted quickly by her brother of whom she was intensely jealous and at week ends she was sent away from mother who greeted her affectionately on return and gave her extra hugs then, thus teaching the girl that after absence demonstration of affection is increased. The mother went out to work, leaving the father to assume the maternal role. A great bond grew up between Wilma and her father who had begun to identify herself with her rather and feel his guilt for him. She took on a husband-like attitude to her mother worrying about her having to work and feeling that she ought to work to provide money for mother so that the latter might stay at home. She remained however fairly comfortable while her father was there to be a guide for feeling and behaviour and was managing when away from her mother and the source of difficult feeling. When father departed she began walking towards him in fantasy - going the same way as father.

The depression had begun when she was away. There was a mother deprivation and a feeling of being uncared for. She began to long to be at home. When she arrived home she found further difficulties. Her father was away, her friends dispersed, her mother at work, and her brother had assumed the parental role. Wilma's jealousy was increased by this last move for it now became obvious from her conversation and ways that she had always identified herself with her rather. She worked fairly well, bringing her wages to her mother husband-like until Christmas 1942. Before this, however, she had begun to lie and steal, wander out in the evenings to meet soldiers and had become more depressed about herself. She felt heavy and was heavy. At Christmas, however, her mother was ill and her sister was delivered of a monster which was so horrible that Wilma promptly forgot it. She also was asked to make a change at work and being unable to face this she left.

She now migrated truly truancing from work as well. The trancies gave evidence of her inability to concentrate, her desire to be alone, her retreat from reality and consequent disregard of physical functions. There seemed to be a slowing down of activity.

The migrations were developments of the trancies and usually precipitated by a harsh statement or action of the mother. There was in these migrations an element of spite against the mother recognised by the patient, a desire to make the mother sorry and to force her to give more affection. These migrations occurred at the times of the period during which the girl lost heavily and suffered much pain. She showed a tendency to wander back into her childhood either to her aunt or grandmother or even to the childish pattern of life when by going away for the week end she had caused greater demonstration/

demonstration of love from her mother. She retreated from reality, wandered around streets in a state of altered consciousness so that she could give only inadequate accounts of her wanderings and sometimes could recall nothing. Her wanderings simulated a death state for she described herself as empty of thought and feeling. Yet in these wanderings she expressed feelings e.g. her jealousy over the child who had displaced her in her grandmother's affections, her desire to be a mother, her desire for male companionship mostly at a childish level and she drifted towards these things. In her retreat from reality there was an almost total disregard of bodily functions even of menstruation and she was reduced to the depths of misery. She demonstrated the usual dislike of being enclosed and the desire to be free. Once suddenly she was going to burst to freedom - and death - through the window.

In her wanderings at first she had gone in father's path thinking that she saw father before her. I think that it is significant that she never saw her father coming to meet her but saw only his back after which she followed. In her later wanderings she went towards maternal figures of the father's side in an effort to draw her mother after her.

In all of these cases the inheritance and general family trend is most striking. One or both parents were defective intellectually, emotionally or psychosomatically. One parent of a case not included in the series because of inadequate investigation was a certifiable mental defective with an intelligence quotient of 62. In most cases there was a psychopathic family history of inadequacy or aggression or of sexual abnormality. Psychosomatic abnormalities were represented by duodenal ulcers in Case No. 29, asthma in Case No. 24, and migraine in Case No. 26. The parents were of those types which are more at the mercy of impulse and instinctual drive or emotional trends either because they have not the intellect with which to control and regulate their lives or because their energy and emotions were so big or so unevenly or explosively discharged that adequate control was impossible. In this particular respect therefore the parents were nearer the animal level which is instinctual and habitual, uncontrolled by higher centres other than the physical.

Remarkable apart from this general defect is the occurrence of depression in the parents. Mothers especially seemed prone to short periods of depression. One or two reported a depressed state in the puerperium and in others this might be inferred from the behaviour of the breast fed baby. However, depression was found amongst fathers as in the family of A..... where it occurred Autumnally and in Wilma's father (Case No. 30) where a Spring depression occurred regularly in a man who showed feminine inclinations. On the whole, however, a history of true depression was most frequently obtained in the mother but usually the mother only was interviewed by the psychiatrist/

Psychiatrist/

and the findings regarding the fathers are not subjectively complete. Fathers were described as moody or as having periods out of work, having bouts of drunkenness, of stealing or sexual misdemeanours, showing periods of social depression rather than emotional depression. There was a direct history of suicide in two cases, the mother in Case No. 29 and the grandmother in Case No. 8 having died by their own hand. In certain cases there was a direct history of wandering usually in the form of truancy but as in Case 30 sometimes of true migrations. The father frequently followed a roving occupation, 'bus driving, soldiering, travelling or serving at sea. The mother in Case No. 26 gave evidence of latent wandering traits often wishing that she were away on her own. Stengel has noted the frequency of psychopathic and epileptic family histories in connection with adult fugue states and he has drawn attention to the roving occupations of the parents and to the possible interpretation of explorations and explorers.

The collateral history is even as striking as the direct and here there was more evidence of wandering states than in the direct inheritance. A sufficient number of cases has not been examined to make an accurate estimation of the significance of this but in such cases as were questioned it appeared that the collateral wanderers had not married and were going to die out. The families generally had this dying trend. The parents came of stock where the power of conception was poor or where their own siblings showed a poor survival power. In some cases the parents themselves showed a poor survival rate. The father in Case No. 10 died in his twenties after a minor operation. Abscesses had begun to eat the life of Jo's mother (Case No. 20) at a young age. Marion's mother (Case No. 24) did not see her into womanhood and Eileen's father (Case No. 16) could live only until he was 42 and with much illness. The parents and their collaterals died of minor illnesses, minor infections, tuberculosis, cancer, by their own hand or of suspicious accidents which might be unconsciously suicidal. In the patients' generation conception was low and those conceived were miscarried, stillborn or died in infancy. In James T 's Case (No. 25) only half of the conceptions lived. Those who survive are frequently defective or weakly. In the family of A..... and in Case No. 16 the general tendency of these families to die out is demonstrated. They journey in a few generations towards death. This is remarkable for in the various studies of the Lemming, a rodent inhabiting the heights of Norway Siberia and the Baltic Countries, it has been estimated that those surviving a migration together with their families are dead within one or at the most/

most two years. Only those who do not migrate breed living stock which links with the impression that collaterals wandered more than the parents of migrants. I maintain that migration is significant socially as a sign of approaching death of a family. It denotes a stage of degeneration, defect and deterioration preceeding disappearance of that twig of the human tree.

This inheritance is not only important sociologically but also psychiatrically for it has a direct bearing on the environment of the child. The roving father, the sick mother, the dead parent, the unemployed father necessitating a wage earning mother, break the concrete home life of the child and interrupt his connection with his parents. The moodiness and emotional depression, the fits, the headaches, and emotional crises break the home life abstractly, emotionally. Many of the parents came from broken homes of marital disharmony, illegitimacy or orphan state and themselves were unstable products of such rearing and unfit therefore to make homes for their own offspring. Stengel finds the same type of home disorder in his adult fugue cases and both Aichhorn and Wills draw attention to it, in connection with delinquents including those who wander and truant.

Of far greater importance in childhood than the broken home is the mother deprivation experienced as a result of the break. The child's attachment to his father is made after birth. It is artificial arising out of civilisation. Originally the role of the father was to provide protection and food for the mother and in some primitive races this is still the case and the mother's brother may be the super-ego figure of the family. The attachment to the mother is primal, fundamental, vitally necessary beginning in the womb so soon after the egg has ceased to be the mother's body that the interval is of little importance. The child remains the mother physically until parturition and is still demonstrably the mother even at the after-birth age of 18 months when the child will still put food into his own and his mother's mouth indiscriminately. Emotionally the identification can be seen often throughout childhood and in this present series Alistair C was expressing his mother's menopausal state. Mother is life to the child, soil from which he springs, soil from which he obtains life materially at first and spiritually later. The baby should be weaned from the milk of the breast to the milk of human kindness and it is remarkable how the cases quoted were often adjusted babies until this weaning time when mother's personality and love did not flow to the child to compensate for the stoppage of the food flow from her body. In primitive races, Malinowski and Mead note that the mother/

mother continues to suckle her child until the age of three years so making contact and play between mother and child a daily routine that when the breast milk fails the personal relationships are so well established that no deprivation occurs. In the literature concerning Bantus, Lapps, Melanesians and Samoans where these primitive customs of feeding prevail I have not found a recorded case of migration in childhood.

Burlingham and Freud have demonstrated that trauma suffered by children from the mother deprivation in the post weaning stage is greater than that suffered in the physical stage. They have also described the thin emotional lives and the slowness of habit formation in mother deprived children. In my cases it can be seen that deprivation of the mother caused emotional starvation and even as in Case 22 actual starvation. In all cases was mother deprivation marked. The mother in these cases begins as a mental defective, an inadequate, a person with difficulty in adjusting to married life, a physically ill person or an emotionally unstable person. In Case No. 7 the mother was so inadequate that the grandmother clothed and fed the children from Canada. In Case No. 16 the grandmother reared the child intermittently and this was also the case in David F 's life. Such mothers sometimes can scarcely carry their children physically but deliver them prematurely. They may manage one child emotionally but any additional stress or child sends them backwards into immaturity and inadequacy. In the number of cases the child thrived happily until the second conception which took the mother beyond her maternal limit. The total deprivation of mother during the birth of the sibling, sent the patient into a severe, usually physical, depression so that I have recorded bronchitis and pneumonia at such times. These emotionally unstable or inadequate woman may be able to support their families only when their husbands are present to give them emotional satisfaction and relief however unpleasant that relieving process may seem to the onlooker and they are lost without the drain for their bad feelings or, becoming surcharged with feeling they develop anxieties and are so preoccupied with their own conflicts that they cannot attend to the needs of the child. So the death or departure of the husband turns the mother on to herself and precipitates a migratory state in the deprived child.

The broken home is of little importance per se since one knows of cases where there was a psychopathic inheritance with a depressive family history and a home broken by father's death but where the mother was adequate to carry her own emotions and to supply her children's increased needs. A broken home tests the adequacy of the parent and in migratory families demonstrates the underlying weakness/

weakness of the mother. The mother may no longer be able to face up to the maternal state and may escape to work leaving the children either to their own devices or to a temporary mother figure as in Case No. 23. She may escape even while remaining physically in the home by making the child take over the burden or part of it. This is most striking in Case. No. 22 where I have called Nancy an assistant mother. Occasionally the mother, originally adequate, has her time to occupied with child bearing that each successive child suffers from a measure of neglect after an initial period of care. The soil on which they should flourish has become too small for them so in the Lemmings rats, springbok and other migratory animals probably the main factor in the production of migrations is the sudden increase in numbers so that the soil on which they should flourish is too limited in food yield. The migrating Lemming is suffering from deprivation of that food without which it cannot survive and the migrating child is suffering from a deprivation of mother love without which it cannot live fully. Both lemming and child must die.

This compulsion is evident in all migrating things. The eels have to go to the Sargossa Sea overcoming extraordinary obstacles of distance and physical barriers by an inner determination. The Lemmings must die. At intervals which can to a certain extent be predicted the Lemmings hurl themselves into the sea, biting anyone who tries to prevent them. The springbok pursues its course along open roads or country pushed on past cars and enemies and across tracts foreign to them by a compulsion that is stronger than fear stronger as Thomas Wilson says than the police force. The goose brought down to earth by maiming will be compelled to proceed on foot in the direction of its former flight. So it is with migrating children. Some are able to describe their compulsion. Case Noll said "A voice inside me tells me to run away and although I don't want to do it I have to." In some the compulsion is obvious from their behaviour. Case No. 12 bit the hand that tried to stay him and continued to try to migrate in spite of drugs. Cases brought back before the true end of their state set off again in the same direction as in Case No. 23. Only when the compulsion is ended can the child be brought home to stay.

As the birds, the animals and the fishes, these children go to places and do things that they have never done before. Case No. 7 who went to London had never been on a train by night, had never bought a train ticket, had never been on an underground railway and had no idea of the location of the Zoo for he had never been to London but he did these things/

things even as the baby eel, the young salmon, tread paths and perform acts quite new to them. Robert Bridges quoted this fact about the Lemmings that they had no guide for their paths. Those who have studied migrating animals note a change in behaviour or the personality of the animal. Lemmings are timid creatures as are Springboks who normally avoid man but on migrating they will brush by men as if they had lost their old timidity and Elton reports that when meeting a man Lemmings will often sit up on their hind legs and hop up and down as if in excited anger charging and biting anyone who tries to stop them. Changes in personality are noted in the migrating child but this is not always remarked upon by the untrained observers. Case No. 12 was under observation and there we saw a timidly friendly boy become ferocious, violent, and attacking and biting the authority that formerly he tended to retreat from. Case No. 16 went to the police although normally she avoided any man.

A change can be noted always in the mood of the child and is usually obviously one of depression at the time of migrating. The child feels fed up and frequently there is evidence of loss of appetite and sleep, inability to concentrate or to work, irritability, increasing anxieties expressed as fears or dreams. Frequently the child feels better on setting out and in the case of Robert R he donned his best clothes and felt happy. But the old mood asserts itself and the child frequently becomes more miserable, "lonely". He longs for good things, for betterment or to be made better but is incapable of obtaining that relief. Sometimes the child is conscious of wishing to be dead and sometimes there is even a suicidal act. If left to work out his own feelings he becomes aware first of a desire for home which is linked with fear as if home were deaf and then on being found relief or happiness is experienced.

Migratory states tend to occur at the same times as depressions in adults in Autumn and Spring, the migratory seasons for birds and beasts. The animals leave the winter feeding ground to arrive with the Spring at their breeding places and they set out again in the Autumn to find favourable winter feeding grounds. It is noted that those birds, of which the robins are examples, which do not migrate have a revival of courtship which is unproductive at the time when the birds are migrating to winter feeding grounds. So we find a recurrent child migrant tending to go away at the times of bird migrations although where the episode forms an isolated incident it may follow the pattern of the Lemmings non-seasonable migration which begins in Spring reaches a height in summer and ends in Autumn. The case of Wilma is interesting for after her initial episode which lasted on through the summer she had depressions/

depressions in each succeeding Spring which became less manifest as the years passed.

The migration is connected with the love life of the child. Most children gave evidence that their minds were filled with the thoughts of the parents to whom they were attached. The migration is an hysterical mechanism to tighten the bond, to call out the affection of the loved one by some desperate act. It is one of the mental phenomena ranging from fits to suicide which occur "in the absence of emotional reaction on the part of the loved object to even the most violent demonstrations of love." Berg continues to explain that there is first the frustration of orgasm, then the frustration of the wish to arouse a response in the parent, a release of accumulated orgasmic tension in the form of a violent act which reduces tension and is a symbolic expression which included the castration element inseparable from incest and overcomes the frustration by forcing the parent to enter fully into the emotional situation and become a victim of the crisis so not only making him a participant but reeking vengeance upon him for persistent coldness. In Case No. 6 the child was to die and the father would come to seek him but would not find him. The father indeed had to return from England and finally was discharged from the Services on the boy's account. Ella's mother had to give up work and return to the child. Wilma's mother searched for her and was ill at the same time as Wilma and Jaqueline's mother wept and wandered agitatedly searching for the child while Jaqueline sat on the stairs dolefully enjoying this demonstration of love.

Indeed it is extraordinary that the bond between the migrant and ^{the} loved object is so strongly reciprocated so that at the same time each is thinking of the other, and each has the same painful emotion and each is wandering hoping that the other will be brought nearer by their actions. Jaqueline and her mother wandered unhappily all night, Jaqueline mindful of mother, the mother mindful of Jaqueline. Sometimes the thought of the loved object is so vivid that the child fancies that he sees the loved person but if this loved object is seen in reality the child runs away or is conscious of intense excitement amounting to fear for this is a sexual love with an excitement component and union spells incest which is wrong. Stengel found in his adult cases that it was the absent parent who played an important role in the fantasies of the patient but this does not seem always to be the case in children who migrate. Thomas W 's father was to be absent yet he wrote letters to his mother. Eileen H. had a mother more than a father yet she wrote letters to her mother and set off to get money for her with no/

no thought of her dead father. In case No. 6 both parents were absent but the boy was mindful of his mother. The parent dominating the thoughts during migration seems to depend upon the level of sexual development, infantile, homo or heterosexual, the importance of that parent in everyday life to both mother and child and the amount of mother deprivation as compared with the attraction of the loved object. Where the mother is the loved object, where there is a mother deprivation then the child will be mindful of mother. Where there is a mother deprivation a poor knowledge of father and a homosexual (female) development then the child will think of mother. Where there is strong attachment to father especially of a homosexual nature and where the mother deprivation is not severe it would seem as in the Case of Robert R that father fills the child's thoughts.

The destination of the child is like the destination of the eels unknown at first although it may take shape later. Like birds they may return to a former nest and this has been noticeable since the war when children found friendly billets havens from blitzing by the enemy and in their migrations have run from the blitzing of home to the promise of mother in the billet. They wander backward into their childhood into former patterns of life nearer to the stage when they were surrounded by mother. Sometimes they nominate consciously a place which is unknown to them as London was to Robert and Balerno was to Jackson. Sometimes they have no concrete destination but are walking on forever looking for mother. Some have not even this conscious abstract destination but end their migration in the sea, in water, or in attempted death by poisoning. These children tend to be the younger or more seriously involved children with strong psychopathic backgrounds and severely disrupted lives. In many cases the ultimate destination is mother and home but the thought arouses fear as though home spelt death. In actuality, these cases often come home to the real destination, the mother, or find substitutes for her often in similar situations to the mother and home from which they have migrated. Adolescent cases have a sexual flavour and fall in either with their own sex or the opposite sex according to the stage of development but these are incidentals on the way to the real destination which is always mother or the ETERNAL MOTHER.

It is remarked by Elton that Lemmings in their migrations fall prey to predatory birds and animals and to disease. They take no care for themselves stop not for food or drink but pursue their course to the sea. Even so do these children fall prey to sexual perverts, to the militant thief, to infection/

infection and to accident. They take little or no thought for themselves, neither eat nor care for their cleanliness and bowels. They sleep little and often like the Lemmings continue their wandering through the night. They are reduced to an animal level sleeping in the open amongst dirt and garbage.

That the migration is a symbolic castration act has been mentioned and I have noted that its purpose is to force the loved object to demonstrate love. There is, especially in adolescents, a sexual symbolism to the act for it is intended to lead to a union between the lover and the loved. This is most strikingly underlined by Jackson's fantasies of bus wanderings which had a sexual connection with his mother. And so too are the birds migrating in Spring towards a union lover with loved. And the robin who does not migrate repeats his love advances to his mate in the Autumn. It is therefore not surprising that in adolescent girls migration is often connected with the menstrual cycle and Wilma Miller had a migratory state instead of a period. That migrations occur so commonly in adolescents and in associations with periods is interesting when viewed in the light of Professor Rowan's experiments proving that birds migrate when the sex organs wax or wain in size.

The children travel more or less in an unconscious state at a sub-conscious level so that it is to be understood that their acts must be interpreted at this level. Indeed they often wander into fantasy apart from migration and will event fanciful stories expressing their sub-conscious desires often about the troublesome parent. This is akin to Stengel's finding in adults. There is a yet more serious interpretation of these migrations. The children set out more or less unprepared for the journey. They take money but not sufficient to bring them back. They are to travel one way only. They go alone away from the house where they felt shut in into the open thus simulating the Lemmings who pour from their overcrowded heights to the open and spread over the countryside on their way downwards to disaster. The children go down in their spirits so that they feel lonely, lost, uncared for. They sleep in the open at the animal level where no one will find them. In fantasy they put themselves in tombs with no tombstone and make the loved one wander round the world seeking for them. They are so preoccupied with their emotions that they are away from the world and often cannot give an account of their actions. They think of going home but are assailed again by the shut in feeling. Home is the womb from which they came. Home is the tomb to which they journey. The migration is symbolic of the/

the journey to death or to the womb even as the Lemmings migration is to the sea to their tomb and the womb out of which animals came. The child migrates and the possibility of re-birth. Unfortunately the child in its misery may accidentally destroy itself and in two of the cases that I quote destruction would have followed had not adult action been taken promptly. This not only agrees with Stengel's finding in fugue states but is a further link with migrations in the animal kingdom.

The prognosis of these cases is difficult to assess. In most of the cases which were removed from the environment so that they had time to adjust their states the immediate prognosis was reasonably good. Wilma had a depressive swing at the beginning of the Spring for a few years afterwards but it lessened in severity. One girl not reported here was away for a time too short for adequate treatment and returned to a worsening environment to become a prostitute. Several families have disappeared leaving no trace which one may regard as an indication of the unsatisfactory nature of these families as a whole. Where a child is removed from home there is danger of an immediate sudden aggravation of mother deprivation leading to acts of self violence but these seem usually to be half-hearted attempts at a symbolic level and following them the patient adjusts.

However, regarded sociologically it would seem that these migratory states are of serious import and are dying acts of a family branch akin to the migrations of Lemmings. They are animal reactions, degenerate reactions indicative of a degenerating family.

Summary

A study of migrating children has been recorded and from it these deductions have been drawn:-

That a Migratory State exists as a definable entity.

It is defined as a state in which a child wanders outside the bounds of its normal habitat as the result of an impulsion occurring in a depression.

It occurs in children whose inheritance is defective emotionally intellectually or psychosomatically. It occurs in families tending to breed defectives or with a poor survival rate.

It may be considered as a sign that the family will die out in a few generations.

It is dependent upon a mother deprivation and a broken home is concomitant.

It is connected with the love or sexual life of the child.

It is an act symbolic of death or of intercourse to lead to a new life or rebirth.

It/

It is generically the same as migrations in the animal kingdom and has many points of similarity with the fugue states described by Stengel.

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